



Summary of Financial Assistance Programs

Lake Chelan Community Hospital and Clinics Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital and clinic services provided by Lake Chelan Community Hospital and Clinics. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Charity Care

If you are uninsured or underinsured with a family income of up to 100% of the Federal Poverty Level you may be eligible to receive hospital and clinic services at no cost to you.

Discounted Care

If you are uninsured or underinsured with an annual family income above 100% of the current Federal Poverty Guidelines and at or below 300% of the Federal Poverty Guidelines, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the amount generally billed as described above. If you qualify, you may also request an interest-free extended and/or reasonable payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Reasonable Payment Plan

If you are unable to make payment in full, interest free monthly payment arrangements are available. Minimum monthly payments are determined by the total amount of the outstanding balance(s) you have with Lake Chelan Community Hospital & Clinics. Our goal is to have outstanding accounts resolved as quickly as possible. However, in the event that you cannot make the minimum monthly payment, a reasonable payment plan option is available. If this option is used, your monthly minimum payment will be equal to 10% of your remaining monthly income after essential living expenses are taken into consideration.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at <https://lakechelancommunityhospital.com/>, can be mailed to you upon request, picked up from any of our Patient Registrations desks, or from our Business Office. You can contact our Financial Counselor directly at (509)682-6103 or at financialcounseling@lcch.net.

Thank you for choosing Lake Chelan Community Hospital and Clinics for your healthcare needs.

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