



Financial Assistance Summary

Gerald Champion Regional Medical Center recognizes that many of the patients it serves may be unable to access quality health care services without financial assistance. Gerald Champion Regional Medical Center's Financial Assistance Policy was developed to ensure that the Hospital continues to uphold its mission of providing quality health care to the community while carefully taking into consideration the ability of the patient to pay, as applied in a fair and consistent manner.

No patient eligible under this policy will be billed more than the amounts generally billed as calculated using the look-back method assuming Medicare, Medicaid and Commercial payers. Information on the calculation and the AGB percentage can be obtained by contacting the Revenue Integrity Department at 575-443-7419 or 575-443-7420 Monday through Friday between 8:00 a.m. and 5:00 p.m.

Who qualifies for Financial Assistance?

Financial Assistance is available for patients with limited incomes and who require medically necessary services evaluated on a case by case basis.

What are the income limits?

Patients who have household income at or below 300% of the Federal Poverty Guidelines are eligible to receive free care.

What if I do not meet the income limits?

Patients whose family income exceeds 300% of the Federal Poverty Level may be eligible to receive discounted rates on a case-by-case basis based on specific circumstances, such as catastrophic illness or medical indigence, at the discretion of GCRMC.

How can I obtain an Application for Financial Assistance?

The Financial Assistance Policy and Application can be obtained on Gerald Champion Regional Medical Center's website at www.gcrmc.org. The Patient Financial Services Department at the hospital can also assist Monday through Friday 8:00 a.m. to 5:00 p.m. or by calling 575-443- 7402.