

**CAMBRIDGE MEMORIAL HOSPITAL INC
dba TRI VALLEY HEALTH SYSTEM
FINANCIAL ASSISTANCE POLICY SUMMARY**

It is the policy of Cambridge Memorial Hospital Inc. dba Tri Valley Health System (the "Hospital") to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at the Hospital.

PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE

To receive financial assistance under the Financial Assistance Policy (the "Policy"), you must be financially indigent or medically indigent.

Financially Indigent

To be "financially indigent," you must be uninsured or underinsured and have a household income equal to or less than 175% of Federal Poverty Level ("FPL"). However, even if your household income equals or is below the required FPL, you may not qualify as "financially indigent" if your net worth exceeds 50 percent of your total medical bills from the Hospital. Net worth is determined based on your assets, including any homes, land, or property, etc. net of any liabilities other than your Hospital bills. If you qualify as "financially indigent," financial assistance will be provided based on a sliding fee scale comparing household income to a percent of FPL as set forth in the Policy.

Medically Indigent

To be "medically indigent" you must have medical bills from the Hospital that would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. If you qualify as "medically indigent," you will be responsible for your Hospital bills up to this amount, and the remaining amount will be considered financial assistance.

If you are eligible for financial assistance, you will not be charged more than amounts generally billed to patients who have health insurance. You may be given more financial assistance if the discount for which you qualify does not satisfy this requirement.

HOW TO APPLY

The Hospital encourages patients who may qualify to apply for financial assistance. Patients can apply for financial assistance by completing and submitting a financial assistance application to Patient Accounting Department at PO Box 488, Cambridge, NE 69022.

A copy of the Policy and a financial assistance application may be obtained at no charge by going to the Hospital's website, <https://www.trivalleyhealth.com/financial-assistance.html> or by visiting the Hospital's Admissions Office or Patient Accounting Department. The Policy and a financial assistance application may also be sent to you by mail free of charge by contacting Patient Financial Services at 308-697-3155 or email FinancialAid@trivalleyhealth.com.

FURTHER INFORMATION & ASSISTANCE WITH APPLYING

If you have questions about financial assistance or need further information about the Policy, you may contact Patient Accounting Department at 1305 Hwy 6 & 34, Cambridge, NE 69022 or call 308-697-3155 or 1-800-335-9898.

Translated copies of this summary, the Policy and a financial assistance application are available upon request from Patient Accounting Department in the following languages: Spanish.