Saved copy of https://lapazhospital.org/getpage.php?name=financialassist⊂=Payment%2FInsurance
Retrieved November 21, 2026.

Financial Assistance Program The hospital offers a financial assistance program for the underinsured and the uninsured. This program is designed to provide free or discounted care to those who have no means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Registration Clerk and Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find resonable payment alternatives. La Paz Regional Hospital and Clinics will offer a Sliding Fee Discount Program to all who are unable to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin, regardless of the inability to pay or Medicare, Medicaid or Children Health Program coverage. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. The Sliding Fee Discount Program procedure will be administered through the Patient Financial Services Director or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided with charitable services. Financial Assistance Applications: Application in English Application in Spanish Policy in English Policy in Spanish Purpose: La Paz Regional Hospital recognizes its responsibility to our community as an organization under section 501(c) (3) of the Internal Revenue Code to provide care, consistent with the scope of services provided by this organization, to all patients regardless of their ability to pay. This policy will define a process for determining the eligibility of a patient for receiving financial assistance for health care services. La Paz Regional Hospital Providers subject to the Financial Assistance Policy: La Paz Regional Hospital (LPRH) has many providers who provide care at our sites. Those who are employed by LPRH are subject to this financial assistance policy. Providers who are contracted by LPRH may have their own financial assistance policy and calculation. To determine if your provider is subject to the LPRH Financial Assistance policy on this website, click the following link: List of Providers 3/30/26 Policy: LPRH, as an integral part of our health promotion mission and community benefit responsibility, shall provide financial assistance to eligible patients for all emergency and other medically necessary care. Emergency or necessary medical care shall not be delayed, limited, withheld or withdrawn in order to inquire about or to determine eligibility for financial assistance. Determination of Need: LPRH utilizes the Federal Poverty Guidelines along with income information from the patient to establish levels of free care (charity) or reduced cost care (discounted). The level of assistance is calculated in the Financial Assistance Application. Procedure: 1. Communication The availability of the Financial Assistance Program will be communicated to the public/patients in various ways including, but not limited to, the following: A. During the Admitting/Registration process including making an Application available. B. Posting notice of the Financial Assistance Program in the Emergency Room, waiting rooms and lobby areas of included facilities. C. Facility website, community health services organizations areas, periodic facility publications. 2. Process Patients desiring a determination of eligibility for Financial Assistance will complete the attached application form and provide the income information as listed on the application. A sliding scale will determine eligibility for either free or discounted care. The determination will be based on Federal Poverty Guidelines for household size and income level. Any portion of the patient's bill(s) that are considered to be ineligible based on this process, will be subject to our normal billing and collection policy . 3. RECORD KEEPING/Eligibility Term A. Eligibility determination will be documented as notes to the patient's electronic billing record. B. Each Financial Assistance Application that is approved will be honored for a period of 12 months from date of approval and applied to patients care services during that period. Future eligibility will be determined with a new application and updated income information.