



SIERRA VISTA HOSPITAL

800 East 9th Avenue Truth or Consequences NM 87901

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-DISCOUNT AND PAYMENT OPTIONS-

1. Medicaid Program 2. Indigent Program 3. SVH Charity Care Program 4. Payment Plan 5. Sliding Fee Scale

1. Medicaid Application:

You may apply for Medicaid at the Income Support Division at 102 W. Barton Ave. Truth or Consequences, NM 87901 or when needed you may ask the hospital's Financial Counselor for help to assist you in applying and submitting your application to the ISD office.

- a) If **Accepted**, provide SVH with Medicaid Approval letter.
- b) If **Denied**, provide SVH with denial letter and apply for indigent.

(Note: After you receive your medical card, you must bring it to all appointments)

2. Indigent Application:

(You must be denied Medicaid or have only been approved for limited coverage to apply for indigent)

The Indigent program is a county program that assists residents of Sierra County in obtaining health care. You may take your completed, signed, and notarized application with supporting documents directly to Financial Counselor at Sierra Vista Hospital or deliver them directly to 855 Van Patten Truth or Consequences, NM 87901 to Lorita Engle the Indigent clerk.

- a) If **Accepted**, Provide SVH with Indigent Approval letter
- b) If **Denied**, Provide SVH with Denial Letter and apply for Charity.

(Note: Indigent status is good for 1 year)

3. Charity Application:

(You must be denied Medicaid, or your outstanding balances must be out of the approval dates that you were approved for Medicaid to apply for Charity. You must also be denied or be unqualified for Indigent to apply for Charity)

To Qualify for Charity Care Program, you must fill out a Charity Care application and provide all requested documentation. The charity discount program is based on Federal Register for Poverty Table guidelines. Determination will be made, and the patient will be notified of approval or denial. Discount may range from 25% to 100% discount.

- a) If **Accepted**, SVH will notify patient with an approval letter with information.
- b) If **Denied**, SVH will notify patient with a denial letter seeking that the patient come and set-up paying arrangements with financial counselor.

(Note: In the case you want to use the Charity Care Program for any balances you accumulate in the future you must re-apply)

4. Payment Plan:

- 1) Must sign payment plan document
- 2) Balances must be paid within 12 months.
- 3) If the payments are not received as stipulated and no other arrangements have been made, payment plan shall be in breach and the entire balance will be due and payable on demand. If full payment is not received within 30 days of the breach, the account will be turned over to a collection agency and the responsible party will have to deal directly with the collection agency.

5. Sliding Fee Scale (SFS):

- 1) Sliding Fee Scale is based on family size and annual income.
- 2) Sliding Fee Scale **ONLY APPLIES TO CLINIC VISITS** and any other services performed outside of the clinic including labs, radiology, and other such services are not included in this discount.
- 3) All applicants are required to re-apply when their financial situation changes.
- 4) The Sliding Fee Scale will be reviewed in accordance with the institution's fiscal accounting year.

(Note: Sliding Scale Fee is good for 1 year)