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Financial Assistance Program Application Information

Financial assistance is offered to all patients served by our facility. Eligibility is determined using the Federal Poverty Guidelines and is based on the number of members in the household and the annual income of the household.

Financial assistance only covers services billed by Madison County Memorial Hospital. Services **not** covered include, but are not limited to: ambulance, prescriptions, specialty clinic physicians, and durable medical equipment.

All patients, without regard to race, color, sex, age, handicap, religion, national origin, political belief, or payer source are eligible for financial assistance as long as they meet all other criteria stated in the Madison County Memorial Hospital's Financial Assistance Program Policy.

In order to qualify for assistance, you must:

- Complete application (download form or complete online)
- Provide proof of income for the past year (Federal Income Tax Return **REQUIRED**)
- Be willing to pursue all other payment sources, including Medicaid and the Health Insurance Exchange

Return completed applications & supporting documentation to:

Madison County Memorial Hospital
c/o Revenue Cycle Director
300 W. Hutchings St.
Winterset, Iowa 50273

For more information, or assistance, please call **(515) 462-9747**, or email **lmeis@madisonhealth.com**