

Payment Plan Agreement

\$1-\$100 Due 30 days from initial statement

\$101-\$500 Divided into 3 monthly payments

\$501-\$2,000 Divided into 12 monthly payments

\$2,001-\$3,000 Divided into 18 monthly payments

\$3,000-\$4,000 Divided into 24 monthly payments

\$4,001-above Divided into 30 monthly payments

Please contact Katrina Gelino to set up a Payment Plan Agreement.

NORTH CENTRAL KANSAS MEDICAL CENTER

155 West College Drive
Concordia, KS 66901

Phone: 785-243-1234
Fax: 785-243-8411
kagelino@nckmed.com

What Qualifies?

Medically Necessary Services Provided by:

- North Central Kansas Medical Center
- NCKMC ER Physicians
- CRNA services provided at NCKMC only
- Family Care Center
 - * Dr. Daniel Garlow
 - * Dr. Justin Poore
 - * Dr. Dorothy Breault
 - * Brandon Fraley, PA
 - * Layce Siemsen, PA
 - * Shawna Huggans, APRN
 - * Mayra Brooks, APRN

Not Covered:

- NCK Radiology
- Kansas Imaging
- Lab Corp
- Quest Diagnostics
- Cotton O'Neil
- Mowery Clinic
- Dr. Damandeep Walia
- Specialty Providers
- Originating Telemed Visits



North Central Kansas
Medical Center

 Salina Regional Health Center

Financial Assistance

Who Qualifies?

Any North Central Kansas Medical Center or Family Care Center patient with a self-pay balance over \$300.00 who meets 200% of the current Federal Poverty Guidelines. All requested documents must be returned with the completed application.

Federal Poverty Guidelines

Size of Family	Guidelines
1	\$15,960
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720

What is Financial Assistance?

Financial Assistance is a program offered by North Central Kansas Medical Center and Family Care Center to reduce or eliminate any self-pay amounts due by those who qualify under the Financial Plan Policy.

Each applicant must supply a:

- Current tax return
- Two current bank statements
- Two current pay stubs

If an applicant does not file a tax return, IRS form 4506-T must be completed with the application. This form will be available with the application.

Financial Assistance should be returned and completed within 30 days upon receiving the application.

To obtain an application please contact:

Patient Financial Services

Katrina Gelino

785-243-1234 ext. 8476

RN Care Manager

Emalee Jorgensen

785-243-1234 ext. 8588

Or visit our website at
www.nckmed.com

All **complete applications** will be processed within 30 days of receipt.

Applicant's will be notified by a Notice of Determination Letter which will be mailed to them.