

BRIDGES MEDICAL CENTER

Essentia

Bridges Medical Center Medical Expense Relief

Bridges Medical Center (BMC) supports the Essentia values of hospitality, respect, stewardship, and justice, with special concern for the poor and powerless. As part of this commitment, BMC provides financial assistance through the Medical Expense Relief Program (MERP) which is specifically designed for the uninsured and underinsured.

The Medical Expense Relief Program is available to all financially eligible patients. The MERP is designed for patients unable to pay their hospital or clinic bills. BMC will incur costs on behalf of patients who are unable to pay their medical bills as a result of financial hardships, lack of adequate insurance, and other extenuating circumstances such as inability to work, excessive medical costs and large family.

Eligibility for Bridges Medical Expense Relief Program is determined through the following processes:

- Services must be provided by Bridges Medical Center.
- The patient must first complete the application process for the medical assistance program.
- The patient must complete the Medical Expense Relief application, available in the Business Office. This form includes a request for personal financial information and a copy of the patient's most recent income tax return.
- After all required information is received; a review is conducted by the Business Office Manager and forwarded to the Chief Financial Officer for approval.
- The patient will be notified with a letter of the determination within 7 working days.
- We strictly maintain each patient's confidentiality throughout this entire process.

For more information on the Medical Expense Relief Program, please contact the Business Office at 218-784-5000 or 800-321-9355.

**INDIVIDUAL WRITTEN NOTICE TO ALL PATIENTS
NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE**

Using the U.S. Department of Health and Human Services guidelines, Bridges Medical Center will make available a reasonable amount of uncompensated services to persons eligible under applicable Community Service Administration Guidelines.

Eligibility for free care will be limited to persons whose family income is not more than the current poverty income guidelines established by the Community Services Administration. Persons whose income is greater than the guidelines are eligible for uncompensated hospital care on a reduced fee basis as published below.

Family Size -----	Income Range -----					
	Greater Than	Less Than or Equal to	Greater Than	Less Than or Equal to	Greater Than	Less Than or Equal to
1	10,830	- 14,570	14,570	- 18,310	18,310	- 22,050
2	14,570	- 18,310	18,310	- 22,050	22,050	- 25,790
3	18,310	- 22,050	22,050	- 25,790	22,790	- 29,530
4	22,050	- 25,790	25,790	- 29,530	29,530	- 33,270
5	25,790	- 29,530	29,530	- 33,270	33,270	- 37,010
6	29,530	- 33,270	33,270	- 37,010	37,010	- 40,750
7	33,270	- 37,010	37,010	- 40,750	40,750	- 44,490
8	37,010	- 40,750	40,750	- 44,490	44,490	- 48,230
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	30%		60%		80%	

Patient Share of Usual Charges

*Income (farm and non-farm) is defined in accordance with the Community Services Administration guidelines.

For each family member in excess of 8, \$3,740 should be added to each income range in order to determine the applicable discount. For example, for a family of 10, \$7,480 is added to each of the income range established for a family of 8.

If you think you may be eligible for uncompensated care and wish to request it, please make a written request to the business office. The business office will make a written determination of eligibility within two weeks of your request.