



P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Financial Assistance- Indigent Care/Sliding Fees Plain Language Summary

Financial Assistance Offered:

In keeping with the philosophy and mission of the Cordova Community Medical Center (CCMC), medically necessary health care services are available to all individuals, regardless of the ability to pay. CCMC assists persons with financial need, (as determined by family incomes and federally published indigent care guide-lines relative to the Health and Human Services federal poverty guidelines,) by waiving all or part of the charges for services provided by CCMC based on a sliding payment scale.

Eligibility Requirements:

Patients whose family income is equal to or below 200% of the Federal Poverty Level at the time of application are eligible for financial assistance.

How to Apply for Assistance:

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point. The patient or responsible party will then be encouraged to complete a financial assistance application. To apply, patients must submit a completed Indigent Care/Sliding Fee application, a copy of their identification, the prior year tax return, three most recent pay stubs if applicable, and any insurance/medical benefit cards.

Where to Obtain Copies, Submit Documents, and Contact Information:

The CCMC Financial Assistance Policy, Financial Assistance/Sliding Fees Application, and Plain Language Summary are available free of charge. These documents can be accessed online to download or print at:

<https://www.cdvcmc.com/for-patients/financial-assistance/>

Or by stopping by the Business Office at 602 Chase Avenue, Cordova, AK 99574.

Patients can request to receive by USPS a free copy of the financial assistance policy and the Indigent Care/Sliding Fee application by calling the Patient Account Specialist at 907-424-8227.

Patients can request assistance with the application or ask questions about the Financial Assistance Policy by contacting the Patient Account Specialist at 907-424-8227, or by going to the Business Office at 602 Chase Avenue, Cordova, AK 99574.



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Amounts Generally Billed (AGB):

Patients and families will not be charged more for Emergency or other medically necessary care than Amounts Generally Billed to those patients who have insurance. All patients will be charged the same, however a patients' ability to pay will determine the amount for which a patient seeking assistance will be responsible.

Confidentiality:

Any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).