

FINANCIAL ASSISTANCE SUMMARY

Taos Health Systems (Holy Cross Hospital, Women's Health Institute, Taos Surgical Specialties, Peñasco Health Clinic and Center for Physical Health) does not discriminate in providing medical services to those in need. We will provide, without exception, care for emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for financial assistance. As a nonprofit health care organization, we care about our patients and our community we serve through better health and better health care.

In an effort to help patients who do not have health insurance or who need help paying their hospital bills, Taos Health Systems has a Financial Assistance Program for which uninsured patients may apply.

Patients without insurance who are struggling to pay their bill might qualify for help through any one of our community services or financial assistance programs. In order to receive any kind of assistance, uninsured patients must fill out and submit an application to either a Health Care Guide or Financial Counselor at Holy Cross Hospital.

Patients are ultimately responsible to fulfill their financial obligation to Taos Health Systems and/or its entities until an application has been completed, submitted and approved.

Community Service Programs

Our staff can help you apply for:

- Health insurance through the new Marketplace
- Medicaid assistance

For more information or to apply, please call our Community Services Office at 575-751-5764.

Financial Assistance Policy Summary

Financial Assistance is available only for emergency and medically-necessary services. It does not apply to elective procedures such as cosmetic surgery. It also does not apply to the portion of your services that have been paid for by a third party such as an insurance company or government program.

Patients who do not qualify for any other programs and meet certain income guidelines may qualify for HCH Financial Assistance, including reduced hospital charges and long-term, interest-free payment plans. They will not be billed more than "Amounts Generally Billed" (AGB), which is based upon the average of the amounts that would have been paid to the Hospital by private health insurers and Medicare (and co-pays and deductibles) for the medically-necessary services received.

To determine an uninsured patient's eligibility for Financial Assistance, we use a sliding scale based on family gross income. The uninsured patient's family income must be at or below 300% of the Federal Health and Human Services poverty guidelines.

Our staff can help you:

- Apply for Indigent Funding
- Determine if you qualify for financial assistance from Holy Cross Hospital

APPLYING FOR FINANCIAL ASSISTANCE

Applications are available here on our website, upon request at the hospital, or can be mailed to the by request (call 575-751-5786 to ask for an application).

The application requires a proof of income:

- W-2 statement
- Tax return with W-2 statements and check stubs
- Copy of checks
- Unemployment statement for the last four weeks of family income or
- Profit and loss summary (if self-employed)

For more information about our Financial Assistance Policy, please call 575-751-5786.