



200 Commodore St. | Pratt, KS 67124 | 620.672.7451 | prmc.org

FINANCIAL ASSISTANCE APPLICATION FORM INSTRUCTIONS

PRMC wants to provide financial assistance to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. *For more information visit us at www.prmc.org and select **Pay My Bill**.*

What does financial assistance cover? Financial assistance covers medically necessary services provided at Pratt Regional Medical Center or PRMC Clinics by PRMC healthcare workers depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations. This assistance will cover PRMC employed physician charges as well.

If you have questions or need help completing this application, please contact Customer Service:

Customer Service can be reached at (620) 302-1380 – Hospital or (620) 450-1146 – Clinic

For your application to be processed, you must:

- ***Provide us with information about your family***
 - List the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- ***Provide us with information about your family's gross monthly income (income before taxes and deductions)***
- ***Provide documentation for family income (Most recent W2 or filed tax return)***
- ***Attach additional information if needed (e.g. Social Security Benefits letter)***
- ***Sign and date the form***

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number, it will help speed up processing of your application. Social Security numbers are used to verify the information

***We are here to help. Please submit your application promptly!
You will continue to receive bills until we receive your information.***



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provided to us. If you do not have a Social Security number, please mark “not applicable” or “NA”.

Mail your completed application with all documentation to: Pratt Regional Medical Center, Attn: Financial Assistance Determination, 200 Commodore St. Pratt, KS 67124.

To submit your completed application in person: Please stop by the Financial Services office in the hospital’s main lobby.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 business days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

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