

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.

CLOUD COUNTY HEALTH CENTER

1100 Highland Drive
Concordia, KS 66901

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



Financial Assistance

Who Qualifies?

Any Cloud County Health 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	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,360

What is Financial Assistance?

Financial Assistance is a program offered by Cloud County Health 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

Collector

Katrina Gelino

785-243-1234 ext. 176

Social Services Director

Rose Koerber

785-243-1234 ext. 588

Or visit our website at

www.cchc.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.