



**Financial Assistance - Plain Language  
Summary ( )**

understands that it can be difficult for some patients to afford to pay their medical bills. For this reason, provides financial assistance for qualifying patients who receive emergency or other medically necessary care from . This summary provides a brief overview of Comanche County Memorial Hospital's Financial Assistance Policy.

**Who is Eligible?**

Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. Patients with family incomes less than or equal to 150% of the Federal Poverty Level are eligible for a 100% charity care write-off of the portion of the charges for which you are responsible. Patients with family incomes ranging from 151% to 300% of the Federal Poverty Level, are eligible for discounted rates on a sliding scale. To qualify for financial assistance, patients must complete a financial assistance application, provide requested documents to verify financial need and meet other eligibility criteria. You may be asked if you have insurance of any kind to help pay for care. You may be asked to show that insurance or a government program will not pay for care.

**What Services Are Covered?**

Financial Assistance is only available to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. Elective services are not covered by the Financial Assistance Policy.

**How Can I Apply?**

You must apply for financial assistance by completing a written application and providing requested supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. The Financial Assistance Policy application instructions will be made available upon patient request at the time of service.

If a patient wishes to apply for financial assistance after the medical services have been provided, the Financial Assistance Policy application instructions may be accessed and printed directly from the Comanche County Memorial Hospital's website, [www.ccmhhealth.com](http://www.ccmhhealth.com)

Patients may also request a copy of the Financial Assistance Policy application instructions by mail. To request a copy of the documents by mail, patients should call Comanche County Business Services at **580-357-9984**.

**How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact:

Comanche County Business Services  
3811 W Gore Blvd Suite 2  
Lawton, OK 73505  
580-357-9984

After the application has been reviewed, a determination of eligibility or non-eligibility will be made and you will be notified of the decision.

**How Can I Get More Information?**

Copies of the Financial Assistance Policy and application form are available at [www.ccmhhealth.com](http://www.ccmhhealth.com) and Comanche County Business Services, 3811 W Gore Blvd Suite 2, Lawton, OK 73505. Free copies of the Financial Assistance Policy and application also can be obtained by mail by calling Comanche County Business Services at 580-357-9984.

**What If I Am Not Eligible?**

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Comanche County Business Services, 3811 W Gore Blvd Suite 2, Lawton, OK 73505 or by telephone at 580-357-9984.

**Provider List:**

The financial assistance is not available to services provided by providers who are not employed by Comanche County Memorial Hospital or other providers who treat you at a CCMH facility, but bill separately from CCMH for their services and do not participate in the Comanche County Memorial Hospital Assistance Program.

*Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and the plain language summary are available, upon request, in English and Spanish.*