



Financial Assistance Policy – Plain Language Summary

The North Arkansas Regional Medical Center Financial Assistance Policy (FAP) exists to provide eligible patients partially or fully discounted emergent or medically-necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services – Emergent and/or medically necessary healthcare services provided by North Arkansas Regional Medical Center (NARMC), including all clinics owned by NARMC.

Eligible Patients – Patients receiving eligible services, who submit a Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by NARMC Financial Assistance Committee.

How to Apply – Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at North Arkansas Regional Medical Center’s admissions desk or at patient financial services or from any clinic owned by NARMC.
- Request to have an application mailed to you by calling (870) 414-5498.
- Request and application by mail at North Arkansas Regional Medical Center, 620 N. Main, Harrison AR 72601.
- Download an application through the North Arkansas Regional Medical Center website: www.narmc.com.
- Obtain information about the Financial Assistance Policy from the Arkansas Department of Human Services (DHS) in Harrison, Newton, Carroll, Marion, and Searcy and from the North Arkansas Partnership for Health Education (NAPHE) in Harrison.

Determination of Financial Assistance Eligibility – Generally, patients are eligible for financial assistance based on their income level and assets. Patients with family income of 138% of the federal poverty level or less may be eligible for a discount of 100%. Patients with family income of over 138% to 200% of the federal poverty level may be eligible for a discount of 50%. See Schedule A of the Financial Assistance Policy at www.narmc.com. Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) than those patients who have insurance.

This summary, the Financial Assistance Policy, and Financial Assistance application are available in Spanish at the locations listed above.