Application Process

1. Request an application by calling Patient Services at 509-436-4020 or in person at any of our locations.

2. Supporting financial documentation may be requested:

   ☐ A W-2 withholding statement

   ☐ Recent pay stubs (for all employed adults)

   ☐ An income tax return from the most recent year

   Forms approving or denying eligibility for assistance:

   ☐ Forms approving unemployment compensation

   ☐ Written statement of family financial status

3. Confluence Health will notify applicants of its final determination within 14 days of receipt of the completed application. All collections efforts will stop until eligibility is determined.

It is our mission to improve our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

It is our policy to not exclude, or deny benefits to, any person on the grounds of race, national origin, gender, sexual orientation, marital status, disability, age or financial income in the admission to, participation in, or receipt of the medical services.

Contact

For more information about our Charity Care Program or to submit a Charity Care Application:

Call:
509.**436.4020** or toll free at **888.499.4801**

Email:
charitycare@
confluencehealth.org

Mailing Address:
Patient Services Dept.
Confluence Health
P.O. Box 361
Wenatchee, WA 98807-0361

Web:
confluencehealth.org

Locations:
Confluence Health Hospital | Mares Campus
820 N. Chelan Ave., Wenatchee, WA 98801

Confluence Health | Omak Campus
916 Koala Dr., Omak, WA 98841

Confluence Health | Moses Lake Campus
840 E. Hill Ave.
Moses Lake, WA 98837

Charity Care Program **2023**

Confluence
HEALTH

What is Charity Care?

Confluence Health's Charity Care Program provides financial assistance for medical services to uninsured and underinsured patients who meet eligibility requirements.

Who can apply?

All patients living within the United States and seeking medical services at Confluence Health.

DEFINITIONS:

Family: A group of two or more persons, related by birth, marriage or adoption, who are living together in the same household.

Income: Total cash receipts before taxes derived from wages, salaries, welfare/social security payments, strike payments, unemployment, disability benefits, child support/alimony and net earnings from business and investment activities paid to the individual.

Eligibility Factors

1. Individuals, or families, whose income* is less than 300% of the Federal Poverty Guidelines may be eligible for a discount between 50% and 100% of their eligible balance(s).

2. Patients/Guarantors must explore, and use, all resources available to pay for medical services. This includes private or public insurance coverage and third party sponsorship (L&I or motor vehicle accident coverage).

   To be screened for coverage under Washington State's Healthcare Exchange program, please contact us today at 509-665-7947.

3. Patients residing outside of the United States are only eligible to apply for services that are deemed urgent or emergent.

Qualifying Services

Eligible charges include:

1. Services that diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain and suffering, or result in illness or infirmity

2. Professional services that are performed by a physician or mid-level provider employed by Confluence Health (must meet medical guidelines).

3. Facility fees for services performed at a Confluence Health (must meet medical guidelines).

Confluence Health Charity Care Federal Poverty Guidelines

	Annual Income Range for Household				
	200%	**250%**		**300%**	
Household size	**upper limit**	**lower limit**	**upper limit**	**lower limit**	**upper limit**
1	$29,160	$29,161	$36,450	$36,451	$43,740
2	$39,440	$39,441	$49,300	$49,301	$59,160
3	$49,720	$49,721	$62,150	$62,151	$74,580
4	$60,000	$60,001	$75,000	$75,001	$90,000
5	$70,280	$70,281	$87,850	$87,851	$105,420
6	$80,560	$80,561	$100,700	$100,701	$120,840
7	$90,840	$90,841	$113,550	$113,551	$136,260
8	$101,120	$101,121	$126,400	$126,401	$151,680
9	$111,400	$111,401	$139,250	$139,251	$167,100
10	$121,680	$112,681	$152,100	$152,101	$182,520
Allowable write-off	**100%**	**75%**		**50%**	

Note: For **families*** with more than 10 persons, add $5,140 for each additional person.