



Financial Assistance Summary Information

Coffee Regional Medical Center (“CRMC”) offers financial assistance for medically necessary care to eligible uninsured or underinsured patients. Based on your financial need either discounts, reduced payments, payment plans, or free care may be available.

CRMC does not bill patients for patient liability amounts more than the amounts generally billed to insurance providers.

You may be eligible for assistance if you:

- √ Have an annual household income that is below 125% of the FPL, or have annual household income that is greater than or equal to 125% but not greater than 200% of the FPL
- √ Have limited or no health insurance
- √ Are not eligible for government assistance (for an example Medicaid)
- √ Can show you have a financial need
- √ Provide CRMC with necessary information about your household finances (as specified within the application form)

Financial assistance is available for eligible patients who require:

- √ Emergency medical services
- √ Non-elective services for urgent life-threatening conditions, outside the Emergency Department

Filing your application

To request an application at no charge for financial assistance please contact CRMC Financial Counselor at 912-383-6969.

You may also visit our website at www.coffeeregional.org; our application forms are available in English and Spanish as well as this summary.

Your application must include copies of any documents that apply to you. Please attach copies, not originals, as CRMC can't return any documents sent with the application. If any documentation is missing to complete your application it will delay processing of your application, and could result in your account being sent to our collections department, legal collections, or collection agency.

How long does it take to apply for financial assistance?

Within 5 business days of receiving the application and all required verification information, qualified applicants will receive a letter of approval or denial for assistance with the procedure/service for which they have applied.

Please mail or fax your completed application form and copies of your proof of income materials to:

Patient Financial Services (PFS)

Attn: Financial Counselor

P.O. Box 1227

Douglas, GA 31534

(912) 383-5614- Office

(912) 383-6917- Fax

***If you need financial assistance or have additional questions you may call or visit our Financial Counselor located at
CRMC Patient Financial Services
196 Westside Drive Douglas, GA 31533
(912) 383-6969***

Appendix A

Providers covered by CRMC FAP:

- Coffee Regional Medical Center
- Coffee Regional Medical Center First Care
- Coffee Regional Medical Center Anesthesia/PPM

Providers not covered by CRMC FAP:

- CRH Physician Practices
- Schumacher Group
- 24 On Physicians/Incompass Health
- Radiology and Associates
- Southeast Pathology Services