



HOW FINANCIAL ASSISTANCE WORKS

PrairieStar Health Center provides financial assistance to patients if certain eligibility requirements are met. The assistance is awarded for a maximum term of one year, or until a patient's financial situation changes, whichever is earlier.

MEDICAL

The completed, signed ***Sliding Fee Scale Discount Application*** and ***Patient Acknowledgement of Financial Guidelines*** forms must be returned with a copy of your most recent tax return at the time of your first appointment. If you did not file a tax return, other forms of supporting documentation will be accepted. Please contact the PSHC Business Office at 620-802-0667 for a list of additional supporting documentation or if you need assistance in completing the application.

DENTAL

The completed, signed ***Sliding Fee Scale Discount Application*** and ***Patient Acknowledgement of Financial Guidelines*** forms must be returned to the PSHC Dental Office, ***prior to scheduling your first appointment***, along with a copy of your most recent tax return. If you did not file a tax return, other forms of supporting documentation will be accepted. Please contact the PSHC Business Office at 620-802-0667 for a list of additional supporting documentation or if you need assistance in completing the application.

VISION & OPTICAL

The completed, signed ***Sliding Fee Scale Discount Application*** and ***Patient Acknowledgement of Financial Guidelines*** forms must be returned with a copy of your most recent tax return at the time of your first appointment. If you did not file a tax return, other forms of supporting documentation will be accepted. Please contact the PSHC Business Office at 620-802-0667 for a list of additional supporting documentation or if you need assistance in completing the application.

If your application is approved, you will be placed on PrairieStar's sliding fee scale.

Please return the ***Sliding Fee Scale Discount Application*** and ***Patient Acknowledgement of Financial Guidelines*** forms, a copy of your tax return or other supporting documents, and the signed ***No Verifiable Income Verification*** form (if applicable) to:

PrairieStar Health Center
Attn: Business Office
2700 E. 30th Avenue
Hutchinson, KS 67502

Completed applications may also be faxed to the Business Office at 620-663-8875 or dropped off in person at any of our reception areas.

We look forward to being your Medical Home.