

CUSTOMER ASSISTANCE PROGRAM POLICY



SOURCE: Financial Services

Lakewood Health System will provide essential services to our patients, regardless of their ability to pay. Eligibility for our Customer Assistance Program will be determined after review of all payment options, amount owed, household income, family size, and other existing circumstances.

Any Customer Assistance Program discount will be honored, as long as you remain current with your agreed upon payment arrangements. Your eligibility status will need to be updated annually.

APPLICATION PROCESS

A complete application must be on file, and will include the following:

- Home address
- Names of all people in household
- Proof of household income, copies of your three most recent pay stubs, and/or income tax return

A written denial from Medical Assistance may also be required. Once all documentation is received and reviewed, you will receive written notification of approval or denial within 30 days.

SERVICES COVERED

Lakewood Health System's Customer Assistance Program can be applied to service provided by Lakewood Health System. Certain services are not subject to the CAP discount, including, but not limited to:

- Insurance co-pays
- Dot physicals
- Employee pharmaceuticals
- Some durable medical equipment
- IVF
- Care Van
- Lakewood Care Center
- Lakewood Pines
- Lakewood Manor

This discount does not apply to any fees from outside entities, such as visiting doctors, specialists, reference labs or radiologists.

If you have questions, please call 218-894-8337 or 218-894-8394.

CUSTOMER ASSISTANCE PROGRAM POLICY



SOURCE: Financial Services

Notice of Nondiscrimination Practices

Lakewood Health System complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex. Lakewood Health System does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Lakewood Health System provides:

- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 218-894-1515, or if you use a TTY, call 1-218-894-8184.

If you believe Lakewood Health System has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

Lakewood Health System
Customer Experience Department
49725 Cty. 83.
Staples, MN 56479

If you need help filing a grievance, call 218-894-8778, or if you use a TTY, call 1-218-894-8184.

You can also file a civil rights complaint with the **US Department of Health and Human Services**, Office of Civil rights electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

US Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>