



# Financial Assistance

## Plain Language Summary of Financial Assistance Programs Lakeside Medical Center

**Lakeside Medical Center** understands patients have concerns about their medical treatment. We also know you have concerns about paying for medical care. We are committed to providing access to health care for all. We offer several financial assistance programs to help with bills for medically necessary services. No patient eligible for financial assistance is billed more than the amount generally billed to individuals who have insurance covering the medically necessary care. In addition, we offer extended payment terms to eligible patients.

## Financial Assistance Programs Available and Eligibility Criteria

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1. Discounted Rates – Available to patients with no insurance coverage

and is based on the maximum amount that a Medicare beneficiary would be responsible for paying.

2. Charity Care – Available to patients who meet specific income tests based on Federal Poverty Guidelines. Full assistance available for those who are 200% below the poverty level. Sliding fee scales available for those who fall between 201% and 400% of the poverty level.
3. Medicaid – Assistance with application available from Admissions Office.

Eligibility criteria: Includes gross income, family size, employment status, assets. Applicants may be presumed eligible based on factors such as homelessness, low income housing, and subsidized school lunch program. Please refer to our Financial Assistance Policy for details on the above programs.

## Application Process

Completed Applications need to be submitted with all requested documents (proof of income, tax returns, paycheck stubs, etc.) to the appropriate address identified below. For more information, to obtain an Application and for assistance with the application process, please call the telephone number below or visit a Financial Counselor in the Admitting area of the Hospital. Details of the application process and required documents are included in our Financial Assistance Policy.

## How to obtain Application Form, Plain Language Summary or Financial Assistance Policy

You may obtain a free copy of the Financial Assistance Policy, Plain Language Summary and an Application in English, Spanish and Haitian Creole from our website: [www.hcdpbc.org/for-patients/hospital](http://www.hcdpbc.org/for-patients/hospital) under Billing

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& Insurance. In addition, copies of these documents are available in the Admission and Emergency Room areas of Lakeside Medical Center. You may also request the documents by writing to the Admissions Office at the address listed below or contacting us at the phone number listed.

Admissions Office  
Lakeside Medical Center  
39200 Hooker Highway  
Belle Glade FL 33430  
(561) 996-6571

## Downloads

### Documents

- [Financial Assistance Policy\(PDF\)](#)
- [Provider Lists\(PDF\)](#)
- [Plain Language Summary\(PDF\)](#)

### Financial Assistance Applications

- [Financial Assistance Application - English \(PDF\)](#)
- [Solicitud de ayuda financiera - Español \(PDF\)](#)
- [Aplikasyon pou Asistans Finansye - Kreyòl Ayisyen \(PDF\)](#)

Free viewers are required for some of the attached documents. They can be downloaded by clicking on the icons below.

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Contact Us



Map & Directions



About Us

## Support

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## Compliance

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**Compliance Hotline: 1-866-633-7233**

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