# Financial assistance

If you have received nonelective care, don't qualify for state or federal assistance or are unable to make partial payments, you qualify for financial assistance.

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## Charity discount policy

Financial relief may be available to patients who have received non-elective care and do not qualify for state or federal assistance and are unable to establish partial payments or pay their balance. In most cases, this will apply to patients who fall between 0 - 200% of the Federal Poverty Level. Federal Poverty Levels based on total household income, with sufficient supporting documentation provided by the patient, will have a 100% Charity discount processed.

For patients with balances greater than $1,500, and whose documented income is in-between 201 and 400 percent of the Federal Poverty Level, we have an expanded financial assistance policy that may reduce the amount you owe. To determine if non-elective services you received could be eligible for either full charity or partial charity, please contact your hospital for details on how you may see if you are eligible to receive assistance.

Some locations may have identified additional criteria for charity eligibility besides the Federal Poverty Levels as noted above (i.e., high medical costs, more lenient income levels, etc.). To verify your eligibility for assistance under this policy, we recommend you contact the hospital.

A validation must be completed by the hospital to ensure that if any portion of the patient's medical services can be paid by any federal, or state governmental health care

program (e.g., Medicare, Medicaid, Champus, Medicare secondary payor), private insurance company, or other private, non-governmental third-party payor, that the payment has been received and posted to the account. No charity discount can be applied to any account with any outstanding payer liability.

All Medicare accounts and all non-Medicare inpatient accounts will be required to have supporting income verification documentation. Medicare requires independent income and resource verification for a charity care determination with respect to Medicare beneficiaries (PRM-I § 312).

## Income verification

For Medicare beneficiaries, in addition to thorough completion of the Financial Assistance Application, the preferred income documentation will be the most current year's Federal Tax Return. Any patient/responsible party unable to provide his/her most recent Federal Tax Return may provide two pieces of supporting documentation from the following list to meet this income verification requirement:

- State Income Tax Return for the most current year
- Most Recent Employer Pay Stubs
- Written documentation from income sources
- Copy of all bank statements for the last three months
- Current credit report

## Uninsured discount policy

All Self-Pay patients, excluding elective cosmetic procedures and facility designated self-pay flat rate procedures , will receive discount similar to managed care, referred to as an "uninsured discount". The Uninsured Discount is limited to patients who have no third party payer source of payment or do not qualify for Medicaid, Charity or any other discount program the facility offers. The amount of the discount offered may vary by location based on state requirements, patient income levels, and local rates.

At the time of service, patients will be asked to make payment in full or establish monthly payment arrangements on the patient liability amount.

Patients confirmed to be uninsured (or their responsible party) will be presented with an Uninsured Patient Information document that provides information on the

Uninsured Discount Policy and other available discounts and payment options. This document will outline the process for uninsured discounts and inform the patient of additional account resolution options (i.e. monthly payments). The patient/responsible party will be asked to sign and date the document at the time of service. If a patient is determined to be eligible for assistance under our financial assistance policies, the patient has the option to enter into an appropriate payment plan. A patient who agrees to a payment plan may request and have an opportunity to renegotiate such payment plan, which will include opportunity for a new financial assessment of the patient's financial status.

## Patient Financial Information

Learn more about HCA Healthcare's Patient Financial Support policies and programs.

**Patient Financial Information**

Memorial Health makes no guarantees regarding the accuracy of the pricing information provided herein. The pricing information provided by this website is strictly an estimate of prices, and Memorial Health cannot guarantee the accuracy of any estimates. All estimates are based on information provided by a prospective patient and do not include, among other things, any unforeseen complications, additional tests or procedures and non-hospital related charges, any of which may increase the ultimate pricing for the services provided. Any prospective patient should understand that a final bill for services rendered at Memorial Health may differ substantially from the information provided by this website.

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