

# Financial Assistance

**Consistent with our mission, the Jackson Health System Financial Assistance Policy ensures that every resident of Miami-Dade County receives a single, high standard of care, without regard for their financial situation or ability to pay.**

**– Select An Option –**

## Overview

Anyone in need of critical or emergency health care may receive such care regardless of financial status or ability to pay.

It is the policy of the Public Health Trust and Jackson Eligibility Management to provide financial assessment to unfunded or uninsured patients seeking financial assistance. Unfunded patients will be interviewed for a potential funding source including federal, state, county, and/or charity care. Jackson Health System follows the Federal Poverty Guidelines to qualify patients for charity. Patients who are potentially eligible for charity care and reside in Miami-Dade County are required to complete an interview and sign the Jackson Charity Care and Grant Programs application.

A patient's financial benefits and classification is determined by:

1. Proof of Miami -Dade County residency.
2. Citizenship/immigration status.
3. Proof of patient's family unit size.
4. Proof of family unit gross income in relation to current Federal Poverty Guidelines. Charity plan code classification and patient fee responsibility is issued using a sliding fee scale based on income and current Federal Poverty Guidelines up to 300 percent.

# Renewal Notification

Prior to the expiration of your Jackson Prime card, you will need to complete your renewal application online* in order to renew your benefits. Please be advised that Jackson will no longer conduct in-person or telephone interviews to renew your Jackson Prime benefits. The link below is the only option available to renew your benefits.

To renew your Jackson Prime Card, please complete your application, include your Jackson Prime medical record number, upload proof of residency, and include any changes to your income, family size, or citizenship/immigration status since your last Jackson Prime enrollment. To avoid any delays in your care, or interruption of your Jackson Prime benefits, your complete application must be submitted at least 15 days before your card is set to expire.

**Jackson Prime Online Renewal Portal**

If you no longer live in Miami-Dade County, you do not qualify for Jackson Prime Card benefits. If you have any questions, please contact FinancialAssessment@jhsmiami.org.

**In order to complete the renewal application, users must use Chrome, Edge, or Safari.*

If you have already filed an application and have been asked to submit new or additional proof or forms, you may click on “Send Additional Proof” link.

If electronic upload is not possible, please deliver your documents in person to one of the following locations:

- Park Plaza East, Suite S, Main Campus
- Rosie Lee Wesley Health Center
- Dr. Rafael A. Peñalver Clinic
- North Dade Health Center
- Jackson North Medical Center

# What You Need to Know About the Affordable Care Act

Please be aware that your Jackson Prime Card or Jackson Clinic Card does not qualify as health insurance under the Affordable Care Act. In 2018, tax penalties for not having healthcare coverage were $695 or 2.5 percent of your household income, whichever was higher.

Please contact one of our Healthcare Advisors at 305-585-2222 or via email at FinancialAssessment@jhsmiami.org.

# Financial Assistance Brochures, Forms & Policies

## Brochures & Guides

**English:**

- Federal Poverty Guidelines

**Spanish:**

- Asistencia Financiera Para Atención Médica (Folleto)
- Resumen del programa de ayuda económica y Cómo solicitar
- Documentos Para Obtener La Tarjeta De Jackson Prime

**Creole:**

- Èd Finansye Pou Swen Medikal (feyè)
- Rezime Pwogram Èd Finansye a / Kijan pou w aplike
- DOKIMAN POU KAT PRIM JACKSON LAN

## Forms

**English:**

- Financial Assistance Application
- Personal Statement
- Employment Verification Statement
- Third-Party Verification Statement
- Appeal a Notification of Denial
- Attestation of Marital Status Form
- Disclosure Statement Form
- Declaration of Domicile

**Spanish:**

- Application para Asistencia Financiera
- Formulario de Declaracion Personal
- Declaracion de Verificacion de Empleo
- Apoyo de un Tercero y Declaracion de Verificacion
- Apelación de Nuestra Decisión
- CERTIFICACIÓN DE ESTADO CIVIL
- DECLARACIÓN INFORMATIVA
- Declaration of Domicile

**Creole:**

- Aplikasyon pou Èd Finansye
- Fòm deklarasyon pèsonèl
- DEKLARASYON VERIFIKASYON TRAVAY
- SIPÒ TYÈS PATI AK DEKLARASYON VERIFIKASYON
- Pwosedi rekou kont Desizyon nou an
- ATESTASYON ETA SIVIL
- DEKLARASYON POU PIBLIYE
- Declaration of Domicile

- Charity Policy
- Emergency Medical Screening Exam Policy
- HHS Notice of Free or Reduced Charges
- Patient Access Registration of Patients
- Urgent Care Centers Patient Intake Protocol

**Spanish:**

- HHS Notificación de Cargos Gratis o Reducido
- Política de Exámenes de Detección Médica de Emergencia
- Política de Asistencia Financiera
- Registro de Acceso de Pacientes de Pacientes
- Protocolo de Admisión de Pacientes de Los Centros de Atención de Urgencia

**Creole:**

- Swen Medikal Pou Moun Malè Pa Ka Peye
- Règleman Egzamen Depistaj Medikal Ijans
- Règleman Asistans Finansye
- Avi HHS Sou Chaj Gratis Oswa Redui
- Aksè Pasyan Enskripsyon Pasyan Yo
- Sant Swen Ijan Pwotokòl Admisyon Pasyan



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