Financial Assistance Policy

Questions about billing?

BILLING, INSURANCE AND COSTS MENU

Open Menu

POLICY TITLE: Financial Assistance
POLICY NUMBER: SYS-RCM-001
CATEGORY: Revenue Cycle Management
RESPONSIBLE DEPT: Single Billing Office
EFFECTIVE DATE: 4/07/2026
REVIEWED DATE: 2/27/2026

Policy

UF Health personnel provide emergency (as defined by the Emergency Medical Treatment and Labor Act, or EMTALA), urgent, and other Medically Necessary healthcare services to all individuals without discrimination and regardless of their ability to pay.

Financial Assistance is provided only when services are deemed Medically Necessary based on the clinical judgement of the provider and after patients have met all financial and eligibility criteria established in this Policy.

No exceptions to this Policy will be allowed unless approved by the designated Revenue Cycle Executive Leadership team member.

Purpose

To ensure that UF Health meets its community obligations to provide financial assistance in a fair, consistent, and objective manner. To establish a program that is in compliance with Section 501(r) of the Internal Revenue Code (IRC).

Approved

- April York
  UF Health System Senior VP of Revenue Cycle
- Geoffrey Gardner
  UF Health System Chief Financial Officer

Definitions

The following terms are meant to be interpreted as follows within this Policy:

1. Amount Generally Billed (AGB) – The AGB to insured patients for Emergency or Medically Necessary Care. To determine the AGB percentage (on a calendar year basis to be used for the upcoming fiscal year), UF Health divides total Medicare reimbursement into total Gross Charges for Medicare patients (utilizing the Medicare Provider Statistical and Reimbursement reports). This methodology complies with the "look-back method" described in the IRC. The updated AGB percentage applicable as of 7/9/2025 is 20.59%, resulting in a minimum discount of 79.41% applied to gross charges. The percentage was calculated using all claims allowed by Medicare fee-for-service for both inpatient and outpatient services having discharge dates from 7/1/24 to 6/30/25.
2. Emergency Care – Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
3. Gross Charges – The full amount charged by UF Health for items and services before any discounts, contractual allowances, or deductions are applied.
4. Guarantor – The individual responsible to pay the bill. Most patients over the age of eighteen (18) are their own Guarantors. However, children under eighteen (18) cannot enter into legally binding contracts so a parent or guardian is the Guarantor.
5. Medically Necessary Care – Hospital services or care rendered, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
6. Presumptive Eligibility – The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.
7. Underinsured – Insured patients whose out-of-pocket medical costs exceed twenty-five percent (25%) of their family income.

8. Uninsured – Patients with no insurance or third-party assistance to help satisfy their financial liability to healthcare providers.
9. Urgent Care – Medically Necessary Care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.

Core Procedures

1. Eligibility for Financial Assistance and Catastrophic Reduction
    1. Financial Assistance will be considered for those individuals with medical costs, who are uninsured or underinsured and who are unable to pay for their care, based on determination of financial need in accordance with this Policy.
    2. Financial Assistance is provided only when services are deemed an Emergency or Medically Necessary based on the clinical judgement of the provider and after patients have met all financial and eligibility criteria established in this Policy. This may include any of the following conditions:
        1. Individual has no third-party insurance coverage;
        2. Individual is eligible for public assistance but a particular service is not covered;
        3. Medicare or Medicaid benefits have been exhausted and the individual has no further ability to pay; or
        4. Individual is insured but qualifies for assistance based on financial need to pay for the individual's balance after insurance.
    3. This Policy covers services at all locations within the UF Health System and UF Health Physician Groups unless otherwise listed in the exclusions in sections D and E.
    4. Services provided at a UF Health facility by providers not employed by UF Health are billed independently and are not covered under this Policy. A list of the Physicians who bill independently is contained on the Financial Assistance page. This list is updated on a bi-annual basis.
    5. Financial Assistance will not be granted under this Policy for certain procedures and hospital programs where preferential or elective pricing have already been taken into consideration. Programs where Financial Assistance will not be granted include, but are not limited to, Cosmetic Surgery, Cash Massage, Dental, In Vitro Fertilization, Transcranial Stimulation Therapy (TMS), Transplant, Lasik, and the Florida Recovery Center. Services rendered at North Lake County Hospital District are excluded from this Policy. Duval County Residents with services provided at the Jacksonville locations must comply with the City Contract process and receive a denial of ineligibility—not a denial for non-compliance--in order to be considered for financial assistance at those locations.
    6. Federal Poverty Limit Guidelines and definitions of family size and household income will apply to determine an individual's income.

7. Financial Assistance shall be granted to qualified applicants with income up to 200% of the poverty guidelines. Any Financial Assistance granted will be reversed if insurance, Third Party Liability (TPL), auto insurance, settlement and/or other miscellaneous sources of payment are identified.
8. To be considered for Financial Assistance, the patient or their Guarantor, hereafter referred to as the "applicant(s)", must cooperate by providing the information and documentation necessary to apply for other existing government programs such as Medicaid, Disability, and City and County Programs that may be available to pay for the healthcare services provided.
9. Financial Assistance may not be granted to applicants:
    1. Who are likely to be eligible for other third-party coverage but have refused to apply (a reasonable determination will be made based on the individual situation and the total outstanding balance to the organization).
    2. Who are covered by insurance and are not compliant with insurance requirements.

       With residence and/or insurance provider domiciled outside of the United States. Financial Assistance for these patient(s) would require the approval of the designated Revenue Cycle Executive Leadership team member.
    3. Financial Assistance will not be granted to non-United States Residents with the following exceptions:
        1. Applicants must provide a valid Permanent Resident Card. The Permanent Resident Card may not be expired.
        2. Applicant provides documentation that they have applied for United States Citizenship.
        3. Applicants must provide Refugee or Asylum documentation.
        4. The sponsored applicant must provide a letter on letterhead from the Sponsoring Agency or documentation of income for the sponsor's household.
        5. Applicants must provide valid student or work visa documentation.
    4. Who are covered by a plan that uses reference-based pricing for payment of hospital services, and under which, the patient may be indemnified by a third-party for payment of the services if legal action is pursued.
10. Financial Assistance application will be considered up to 240 days after the first post discharge billing statement. A Financial Assistance application will be considered valid up to twelve (12) months after the last date of application approval.
11. All Applicants are required to provide government issued identification with their application.
12. Income will be determined based on the application and/or supporting documentation. Unemployed individuals will be considered to have no income unless they are receiving unemployment or some other type of assistance. Supporting documentation may include:
    1. W-2 withholding forms.

2. Paystubs (most recent ninety (90) days).
3. Income tax returns (most current).
4. Written verification of wages from an employer.
5. Written verification from public welfare agencies or any governmental agency which can attest to the applicant's and/or other family members' income for the last twelve (12) months (such as Social Security or local unemployment office).
6. Previous three (3) months bank statements.
7. In the absence of income, a letter of support from individuals providing for the Guarantor's basic living needs will be accepted.

13. "Gross Family Income" includes all members of the immediate family and their dependents in the household. This includes any adult and, if married, a spouse, and any natural or adopted minor children of said adults. Income from family members include:
    1. Income from wages.
    2. Income from self-employment.
    3. Alimony/Child Support.
    4. Military family allotments.
    5. Public assistance.
    6. Pension.
    7. Social Security.
    8. Unemployment compensation.
    9. Workers' compensation.
    10. Veteran's benefits.
    11. In some cases, information on available assets or other financial resources may be considered.
14. The State of Florida does not recognize legal separation. Applicants will be asked to provide additional documentation if their marital status is marked as "separated" on the Financial Assistance application.
15. Catastrophic Reduction Program – Individuals who are denied Financial Assistance, due to being over the 200% of federal poverty limit, can be reviewed for Catastrophic Reduction. The reduction can be considered if the guarantor's balance exceeds 25% of the guarantor's documented annual household income. Minimum balance on account must exceed $10,000. This is a one-time reduction on all active account balances.
16. Self-pay discount for Uninsured patients
    1. Uninsured patients who are not eligible for Financial Assistance may be eligible for a self-pay discount off of the gross charges. Please contact our office for the current discount amounts

at 888-766-8154 option 1. Any self-pay discount applied will be reversed if insurance coverage is located.

2. The self-pay discount does not relieve nor forgive point-of-service cash payments that the patient may be required to pay. The discount will not be applied to any of the services excluded from the Financial Assistance Program.

2. Method for Applying for Financial Assistance and Catastrophic Reduction
    1. Financial Assistance - Completion of the UF Health Financial Assistance Application Form is required. This includes providing all the supporting documentation required to verify eligibility and to verify income.
    2. Applicants are responsible for completing the required application and cooperating fully with the information gathering and assessment process. Financial counselors will be available in person or by phone to provide assistance if needed.
        1. If the Guarantor has completed any section of the required application by using the terminology of "Not Applicable" and/or "NA", those entries have been determined by definition to equal $0 and/or "None."
        2. Applications shall not be denied for failure to provide information not asked for on the application or in this Policy.
    3. Persons will be considered "Presumptively Eligible" under the following circumstances:
        1. Individual is Homeless;
        2. Eligible for other unfunded state or local assistance programs;
        3. Eligible for food stamps or subsidized school lunch program;
        4. Eligible for a state-funded prescription medication program;
        5. Valid address is considered a low-income or subsidized housing;
        6. Individual is deceased with no known estate; or
        7. Individual is currently eligible for Medicaid.
    4. Applications are available free of charge in English, Spanish, and Chinese, and can be accessed:
        1. In person at:
            1. UF Health Jacksonville Admissions Department
               655 West 8th Street, Jacksonville, Florida 32209
            2. UF Health North Admissions Department,
               15255 Max Leggett Parkway, Jacksonville, Florida 32218
            3. UF Health Jacksonville Financial Eligibility Department
               1833 Boulevard, Jacksonville, Florida 32209
            4. UF Health Shands Hospital and UF Health Shands Children's Hospital Admissions Department, Room 1331 or Room 1335-1

1600 SW Archer Road, Gainesville, FL 32610

5. UF Health Shands Cancer Hospital
   Admissions Department, Room 1319
   1515 SW Archer Road, Gainesville, FL 32608
6. UF Health Heart & Vascular Hospital and UF Health Neuromedicine Hospital Cashier's Office, Room 1522
   1505 SW Archer Road, Gainesville, FL 32608
7. UF Health Shands Psychiatric Hospital
   Admissions Department, Room 1105.5
   4101 NW 89th Boulevard, Gainesville, FL 32606
8. UF Health Patient Financial Services
   3300 SW Williston Road, Gainesville, FL 32608
9. UF Health St Johns
   400 Health Park Blvd., St. Augustine, Fl 32086
10. UF Health Leesburg Hospital
    600 E. Dixie Avenue, Leesburg, FL 34748
11. UF Health Spanish Plaines Hospital
    1451 Camino Real, The Villages, FL 32162

2. By calling the Financial Counseling Department toll free at 888-766-8154 option 2.
3. Online at www.ufhealth.org/financial-ass...

5. Completed Applications can be submitted by the below methods:
   1. Email to FinAssistProgram@shands.ufl.edu
   2. MyChart – Financial Assistance Portal located under the Billing Menu
   3. Fax: 352-627-4648
   4. By Mail:
      UF Health Financial Assistance
      PO Box 100334
      Gainesville,
   5. In Person:
      1. UF Health Patient Financial Services
         3300 SW Williston Road, Gainesville, FL 32608
      2. UF Health Shands Hospital
         Admissions Department, Room 1331
         1600 SW Archer Road, Gainesville, FL 32610
      3. UF Health Jacksonville Admissions Department
         655 West 8th Street, Jacksonville, Florida 32209

4. UF Health North Admissions Department,
   15255 Max Leggett Parkway, Jacksonville, Florida 32218
5. UF Health Jacksonville Financial Eligibility Department
   2000 Boulevard, Jacksonville, Florida 32209
6. UF Health St Johns
   400 Health Park Blvd., St. Augustine, Fl 32086
7. UF Health Leesburg Hospital
   600 E. Dixie Avenue, Leesburg, FL 34748
8. UF Health Spanish Plaines Hospital
   1451 Camino Real, The Villages, FL 32162

6. Catastrophic Reduction - Requires the completion of the Financial Assistance application. Must have received a denial for being over the 200% of the federal poverty/assets limit with the Financial Assistance Program.

3. UF Health Actions Taken During Financial Assistance Application Process

1. No Financial Assistance Application Submitted – If no Financial Assistance application has been submitted in a 120-day period following the date after the first post-discharge billing statement was sent to the individual, and the deadline in the written notice has passed, UF Health may initiate extraordinary collection actions (ECA).
2. Incomplete Financial Assistance Application Submitted – When an incomplete Financial Assistance application is submitted during the 240-day period following the date on the post-discharge billing statement (the application period), UF Health must take the following actions:
   1. Temporarily suspend ECA;
   2. Provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Assistance Policy; or
   3. If the individual does not complete the Financial Assistance application within a reasonable time deadline, UF Health may initiate or resume ECA.
3. Complete Financial Assistance Application Submitted – UF Health must take the following actions:
   1. Suspend any ECA;
   2. Suspend any collection activity during the time the UF Health Shands Financial Assistance application is being processed;
   3. If the account is placed with a collection agency, the agency will be notified to suspend the collection efforts until determination is made;
   4. Make and document determination of eligibility decision;
   5. Notify the individual on a timely basis of the eligibility determination;

6. Provide the patient with a billing statement that indicates the balance after the application of Financial Assistance; and
7. Take reasonable action to reverse any ECA taken against the individual.

4. UF Health will keep all applications and supporting documentation confidential. UF Health may, at its own expense, request credit information to further verify the details of the application.
5. UF Health will make every effort to provide Financial Assistance determinations within seven (7) business days of receiving a completed Financial Assistance application. Notification of Financial Assistance determinations will be mailed to the applicant.

4. Financial Assistance Policy, Financial Assistance Application Form and Plain Language Summary of the Financial Assistance Policy are transparent and available to the individuals served in English, Spanish, and Chinese languages. These are the languages appropriate for the UF Health service area, in compliance with the Language Assistance Services Act, and are the primary languages of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the members of the community served by the UF Health facilities.
    1. Website: UF Health facilities will prominently and conspicuously post a complete and current version of the following on their respective website:
        1. Financial Assistance Policy
        2. Financial Assistance Application Form
        3. Plain Language Summary of the Financial Assistance Policy
        4. Contact information for UF Health Customer Service
        5. AGB percentage calculation
    2. Signage: UF Health signage will be conspicuously displayed in public locations in UF Health facilities, including all points of admission and registration areas, including the Emergency Department, and include:
        1. UF Health website address where the Policy, Application Form, and Plain Language Summary can be accessed.
        2. The telephone number and physical location where the individuals can call or visit to obtain copies of the Policy, Application Form, and Plain Language Summary, or to obtain more information about the Policy, form, or process.
        3. In Person: Customer Service Representatives will offer patients the Financial Assistance Application which will be used to determine eligibility for all assistance programs.
5. Appealing the Financial Assistance Determination
    1. The responsible party may appeal a Financial Assistance determination by providing additional information, such as income verification or an explanation of catastrophic circumstances, within thirty (30) days of receiving the initial determination.
    2. The responsible party will be notified of the appeals outcome by mail.

3. Collection activities will be suspended during the appeal process.
4. The responsible party may reapply for Financial Assistance if their facts and circumstances have changed since the previous application.

6. If the patient and/or guarantor qualifies for suspension of collection through UF Health's Financial Assistance Program, the account(s) remain payable from health or accidental insurance, workers' compensation, and TPL claims.
7. Hospital Claims of Lien for services rendered at UF Health are not extinguished and continue to attach to third party recoveries, such as liability settlements and judgments, pursuant to Alachua County Ordinance, Sections 81.03 through 81.08 (formerly Alachua County Ordinance, Sections 262.20 through 262.25).
8. In addition, patients and/or guarantors shall execute a Consent and Authorization/Notice of Limited Liability (Form PS141198) wherein a contractual lien is created and the patient and/or guarantor agrees that:
    1. They are responsible for UF Health's and providers' charges for past, present, and future care related to the same accident or illness;
    2. The charges are due and payable at the time of discharge or discontinuation of Care;
    3. They will pay the charges in effect at the time Care is provided;
    4. Unless otherwise precluded by contract or law, if UF Health or providers bill third party payors, they do so as a courtesy, and UF Health and providers may demand payment in full of any balance due at any time;
    5. If a final bill is not paid within 120 days, the patient and/or guarantor may be declared in default, and the overdue account may be referred to a collection agency; and
    6. The patient and/or guarantor consents to UF Health or any third party contacting the patient and/or guarantor by telephone, including their cellular phone, for purposes of collecting any amounts owed by the patient and/or guarantor.

Associated policies

UF Health Systemwide

SYS-RCM-002 - Billing and Collections

Keywords

Charity, Uninsured, Medically Necessary, Guarantor

Revised on

2/27/2026

MyUFHealth

Make a Gift

PATIENTS & VISITORS

About UF Health

Locations

Medical Records

Billing, Costs & Insurances

Visiting UF Health

HEALTH PROFESSIONALS

Referrals, Consults & Transfers

Continuing Education

Credentialing

Labs

Nursing

RESEARCH & EDUCATION

Colleges

Research

Centers & Institutes

Libraries

Research Support

GET INVOLVED

Careers

Volunteer

EMPLOYEES

UF Health Bridge

St Johns Intranet

VPN

UF Health Stories Newsroom Events

CONNECT WITH UF HEALTH

Report a site issue

Disclaimer & Permitted Use

Nondiscrimination and Accessibility

Security and Privacy

Price Transparency

This site uses Google Analytics

Updated: April 7, 2026

© 2026 UF Health