

## **PATIENT NOTICE OF FINANCIAL ASSISTANCE**

As part of our commitment to the health care needs of our community Independence Health System (IHS) has instituted this program designed to provide financial assistance to our patients who may not be able to pay for part or all of their care provided they do not have active insurance in another covered network of providers. We provide financial counseling services and will be able to help you determine your eligibility for insurance through the Department of Human Services.

A Courtesy discount will be offered to patients with no insurance coverage, and who do not qualify or choose not to apply for our Charity Care program. Patients who are responsible for the entire balance will have their gross charges reduced by a percentage equal to the Amounts Generally Billed to patients with insurance. The percent will be calculated at the beginning of each fiscal year based on the Medicare and negotiated commercial insurance rates in effect at that time.

Eligibility for Financial Assistance will be determined through an application process which requires the patient or the patient's guarantor to cooperate and supply the following documents: Federal Tax return, applicant and spouse income for the last thirty days, number of dependents, and bank statements relevant to making a determination of financial need. Charity Care will be determined based on income and size of family. We will follow the Federal Poverty guidelines when determining the patient eligibility. Patients will receive Financial Assistance in a range of 100% or 75%.

Presumptive Eligibility for Charity Care will be considered at 100% in instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for charity care, Independence Health System will use one or more of the following criteria to make a determination: patients who qualify for section 8 housing, patient is deceased and no estate, Food Stamp eligibility, patient is homeless or received care from a homeless clinic, and family or friends of a patient that provide information establishing the patient's inability to pay.

To apply for or inquire about our Financial Assistance policy for Butler Hospital, Clarion Hospital, or Butler Medical Providers, you can contact our office at 724-284-4460 between the hours of 8:00 am to 4:00 pm Monday through Friday. You may also email us at [pbdindependence@ensemblehp.com](mailto:pbdindependence@ensemblehp.com)

To apply for or inquire about our Financial Assistance policy for the Excelsa facilities, you can contact our office at 724-689-1750, option 2, between the hours of 8:00 am to 4:00 pm Monday through Friday. You may also email us at [excelsahealth@optum360.com](mailto:excelsahealth@optum360.com)

Visit our website at [www.independence.health](http://www.independence.health) to obtain a copy of our policy and Charity Care Application. Information is available at all of our locations including in the hospital handbook, and on patient statements.