

Financial Assistance Policy
Appendix 6
Plain Language Summary
The Methodist Hospitals, Inc.

The Methodist Hospitals, Inc.
FINANCIAL ASSISTANCE POLICY SUMMARY

The Methodist Hospitals, Inc. (“Methodist”) is dedicated to servicing the health care needs of its patients. To assist in meeting those needs, we have established a “Financial Assistance Policy” to provide financial relief to those patients who ask for assistance for medically necessary services and who are unable to meet their financial obligation. The Financial Assistance Policy applies to all Methodist’s locations, employed physicians and physician extenders.

Applicants should have...

- Residence in the U.S.
- Limited or no health insurance (underinsured or uninsured)
- A household income at or below 400% of the current year’s Federal Poverty Guidelines or incur a financially catastrophic balance

To uninsured patients, we offer emergency and other medically necessary services in our hospital at no charge to you if your income is at or below 200% of the Federal Poverty Guidelines (the “FPG”). Patients whose income is between 201 – 400% of FPG are eligible for sliding-scale financial relief. All applicants will be screened for other sources of payment to determine what level of financial assistance may be granted. All applicants must comply with the application process or meet presumptive charity requirements in order to receive financial assistance. If you are uninsured and are not eligible for financial assistance, you may still qualify for a discount under our Self-Pay Policy. Please request to speak with a financial counselor regarding the Self-Pay Policy.

If you have insurance, you may still qualify for financial assistance on your patient balance. The patient balance (when allowed for by the private insurer/employer plan) for emergency and other medically necessary services will be fully adjusted off if your income is at or below 200% of the Federal Poverty Guidelines (the “FPG”). Patients whose income is between 201 – 400% of FPG are eligible for sliding-scale financial relief. All applicants will be screened for other sources of income to determine what level of financial assistance may be granted. All applicants must comply with the application process in order to receive financial assistance.

If you have a Catastrophic Balance, which is defined as a balance due to Methodist which is greater than 25% of your annual family income as determined over a 12 month period, you may be eligible for financial assistance. Please ask to speak to a financial counselor for more details.

Under the financial assistance policy, you will not be billed more for emergency or other medically necessary care than the amount of the average payment percentage we are paid by Medicare.

You may apply for financial assistance at any time, even after services have been rendered; however, there are time limitations, as well as limitations to which services/accounts qualify for financial assistance—please see the full Financial Assistance Policy and/or request to speak to a financial counselor. You may obtain a free copy of the financial assistance policy and the financial assistance application form by the following methods: (1) on the Methodist Hospital website at www.methodisthospitals.org/billing_info/obtaining-financial-assistance/ or (2) at our Northlake or Southlake campus in our admissions areas or emergency departments; or (3) by calling Financial Services at **219-886-4584 or 219-738-5508** to request that a free copy of our financial assistance policy and application form be mailed to you. You also have the option to set up an appointment with one of our financial counselors. Our financial counselors are here to assist you in completing the application—please reach out to them.

The financial assistance policy applies only to Methodist and for physician and physician extenders’ services billed under Methodist’s tax identification number. This policy does not apply to non-employed physicians and physician extenders who also treat patients at Methodist. A list of providers which are and are not covered by this policy is located in Appendix 3 of the Financial Assistance Policy.

Hay disponibles versiones en español de este documento, de la Política de Asistencia Financiera y de la Solicitud de asistencia financiera. Solicite copias gratuitas o visite www.methodisthospitals.org/billing_info/obtaining-financial-assistance/.

