# Plain Language Summary of The Christ Hospital's Financial Assistance Policy

Consistent with its mission to provide comprehensive and compassionate care that improves the health of the people we serve, The Christ Hospital is committed to providing Financial Assistance to every person in need of emergency or other medically necessary treatment if that person is uninsured, underinsured, ineligible for other government programs, or unable to pay based on their individual financial situation.

#### **Eligible Care**

Financial assistance is available under our Financial Assistance Policy (FAP) for emergency care or other medically necessary care provided by The Christ Hospital (and certain other providers) for Eligible Patients.

#### **Patient Eligibility Requirements**

The Christ Hospital Financial Assistance Program is available to uninsured patients and patients with self-pay balances after insurance that have met all financial criteria based on the disclosure of, and assessment of, proper information and documentation (Eligible Patients). FAP is a charity program based on the patient's family income. Patients with family incomes at or below 300% of the Federal Poverty Guidelines (FPG) are eligible for financial assistance along the following sliding scale:

INCOME RANGE DISCOUNT %

Income <= 150% FPG 100% Assistance Income >150% and <=200%FPG 75% Assistance

Income >200% and <=300% FPG 50% Assistance

Patients with family income exceeding 300% of the Federal Poverty Guidelines may still be eligible for hardship financial assistance on an individual basis. The Patients' expenses and liabilities are considered in the evaluation of their eligibility for approval. Patients are expected to contribute payment for care based on their individual financial situations; therefore, each case will be reviewed separately. Financial Assistance is not considered an alternative option to payment, and patients may be assisted in finding other means of payment or financial assistance before approval for The Christ Hospital Financial Assistance Program.

No Eligible Patient will be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) for those patients who have insurance covering such care.

### **About the Application Process**

The process for applying for financial assistance under our FAP includes these steps:

- 1. Fill out our FAP Application Form (also referred to as the FAA) and include the required supporting documents
- 2. Return completed applications to: The Christ Hospital, Attn: Patient Finance 2139 Auburn Ave, Cincinnati, OH 45219 or fax to 513-366-4480
- 3. The Financial Assistance Department will review your completed application along with the documentation you provided to determine your eligibility.
- 4. We will contact you if additional information is required to complete your application process and/or when a decision has been made. Please allow
  - 30 days for us to complete the evaluation process.

## Where to Obtain Information

You may obtain a free copy of our FAP and FAP Application Form by visiting our website at

www.thechristhospital.com/patient-resources/billpay-info or by contacting our Financial Assistance Department at 513-263-8587. Upon your request, our Financial Assistance Department will mail you a free copy our FAP, FAP Application Form, and Plain Language Summary to the address you provide. Free Copies of the FAP, FAP Application Form, and this Plain Language Summary are available in hard copy at The Christ Hospital, Main Campus Patient Registration Desk, 2139 Auburn Ave, Cincinnati, OH 45219. For further information about our FAP or for assistance with the FAP Application Form and process you may contact (513-263-9197) or visit our Financial Assistance Department at 2100 Sherman Avenue, Cincinnati, OH 45212.

Other services which are separately billed by other providers who are not employees of The Christ Hospital, such as independent physicians, are not eligible under our FAP.

Our FAP, FAP Application Form, and Plain Language Summary are available in English and Spanish.

## **Financial Counseling Office**

2139 Auburn Avenue | Cincinnati, OH 45219 Phone: 513-585-2302 | Fax: 513-585-4246

Email: FinancialCounseling@TheChristHospital.com

#### **On-Site Hours:**

Monday – Friday 7:30 a.m. – 4 p.m.