

JOHNSON MEMORIAL HEALTH FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

FEDERAL REGULATION 26CFR 501 (r) REQUIRES THIS NOTICE BE SENT TO YOU.

Financial Assistance Plain Language Summary

Keeping with the mission, Johnson Memorial Health is dedicated to making healthcare services accessible to our community. The Hospital, Home Health Department and its Physician Network acknowledge the financial needs of patients and families who are unable to afford the cost of medical care. In that regard, the Hospital, Home Health and Physician Network, based on financial qualifications, provide medically necessary healthcare services at a discount.

To manage its resources and responsibilities, and to allow Johnson Memorial Health to provide assistance to the greatest number of families in need, the Board of Trustees has established guidelines for providing Financial Assistance.

Eligibility and Assistance Offered

Eligibility for Financial Assistance will be considered for those individuals who are underinsured, uninsured, and ineligible for any government health-care program and who are unable to pay for their care based upon the determination of financial need in accordance with the Financial Assistance Policy. Generally speaking an individual is eligible for Financial Assistance when the individual's household income is equal to or less than 300% of the federal poverty guidelines. Amounts Generally Billed ("AGB") means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. An individual eligible for Financial Assistance may not be charged more than the AGB for emergency or other medically necessary care. The assistance offered to eligible individuals under the Financial Assistance Policy is discounts on their medical bills for emergency or other medically necessary care.

In order to apply for discounted, the patient and/or family must apply by completing the Financial Assistance Application. The granting of Financial Assistance shall be based upon an individualized determination of financial need, and shall not take into account age, gender, race, or immigrant status, sexual orientation or religious affiliation. The decision to provide Financial Assistance will be based on a review of the family's income, assets and liabilities. Additional information may be requested and ultimately may affect the final decision.

The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient and/or parent. All patients will be treated for emergency medical conditions without discrimination and regardless of their eligibility for discounted care.

Exceptions to this policy are services that do not meet Medicare's medical necessity guidelines, elective services that are offered at a package discounted price which include bariatric surgery, maternity delivery services and any other packaged service offered by JMH.

Applying for Financial Assistance

Patients and families wishing to apply may submit an application and supporting documentation to the Patient Accounts Department. The Financial Assistance Application may be found on the Hospital's web site:

<https://ucarecdn.com/d3a870bf-458a-451e-97c8-96acd4944b1f/-/inline/yes/>

Printed copies of the Hospital's Financial Assistance Policy or its Plain Language Summary and Financial Assistance Application may be obtained by visiting or calling:

Patient Accounts Department
1125 W. Jefferson Street
Franklin, IN 46131
(317)738-7880

The Financial Assistance Policy, Financial Assistance Application and Plain Language Summary are available in Spanish in the Patient Accounts Office.

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