



Financial Assistance and Charity Care Policy

In the spirit of our mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Mount Carmel Health System is committed to providing healthcare services to all patients based on medical necessity.

For patients who require financial assistance or who experience temporary financial hardship, Mount Carmel Health System offers several assistance and payment options, including charity and discounted care, short-term and long-term payment plans and online patient portal payment capabilities.

Uninsured Patients

Mount Carmel Health System extends discounts to all uninsured patients who receive medically necessary services. Uninsured discount amounts are based on Federal Poverty Level (FPL) guidelines. Patient statements will show the discount amount and the adjusted balance owed. All medically necessary services qualify for uninsured discounts. Mount Carmel Health System may qualify patients based on residency requirements.

Services such as cosmetic procedures, hearing aids and eye care that normally are not covered by insurance are priced at packaged rates with no additional discount. All payments are expected at the time of service.

Short-Term and Long-Term Payment Plans

Patients who cannot pay some or all of their financial responsibility may qualify for short-term or long-term payment plans. Mount Carmel Health System's short-term payment plan is interest-free and patient balances must be paid in full within one year. Longer term interest-bearing payment plans are available through AccessOne Financial Services for those patients who cannot pay their balances within one year.

Financial Assistance / Charity Care Policy

A 100 percent discount for medically necessary services is available to patients who earn 200 percent or less of the **Federal Poverty Level guidelines**. Elective services such as cosmetic surgery are not included in our charity program. Those who earn between 201 and 400 percent of the Federal Poverty Level guidelines may be eligible for a partial discount equal to the Medicare discount rate. Patients who qualify for financial assistance will not be charged more than the Medicare discount rate.

Patient copays and deductibles may be eligible for discounted rates if a patient qualifies for financial assistance and earns less than 200 percent of the Federal Poverty Level Guidelines.

Discounts are also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode of care exceed 20 percent of their annual income. In these cases, patient copays and deductibles may also be included in the discount.

Charity care discounts may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan or Medicaid eligibility and refuse or are unwilling to apply for these sources.

To apply for financial assistance, please complete and submit the **application** found on this webpage. A complete version of the Mount Carmel Health System Financial Assistance Policy is also available on this webpage or at <http://www.mountcarmelhealth.com/financialassistance>.

Patient Financial Services

Financial counselors are available to work with patients in completing financial assistance applications to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans.

Patients may contact a financial counselor at the hospital where they have care who can assist in determining qualifications for financial assistance. Financial counselors can also provide free copies of the Financial Assistance Policy, Application, and Plain Language Summary. Free copies can also be obtained by writing to the MCHS Customer Service Dept, 6150 East Broad St. Columbus, OH 43213, PH# 800-346-1009. The Financial Assistance Policy, Application and Plain Language Summary are translated into the following languages: Spanish, Somali, Nepali, Chinese, Arabic, French, Mandarin, Japanese, Russian, Korean, and Vietnamese. No patient who qualifies for financial assistance will be charged more than the amounts generally billed by the hospital, which are Medicare rates.

The Health Insurance Marketplace

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance, access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income. Please see a financial counselor at the facility where you receive care for more information.

Beginning October 1, 2013, you will be able to shop at a new online Health Insurance Marketplace, also known as a health insurance exchange, where you can one-stop-shop for a plan that fits your budget and coverage needs. The next open enrollment for the health insurance marketplace is anticipated each November.