

## **TRIHEALTH FINANCIAL ASSISTANCE POLICY (FAP)**

### **SUMMARY**

TriHealth provides eligible patients with partially or fully discounted medically necessary acute hospital services, whether emergent, inpatient, or outpatient. Patients seeking financial assistance must complete a Financial Assistance Application and be approved to receive these discounts.

### **Eligibility Requirements**

I. Free Care. To be considered for free care, you must:

- a. be a resident of Ohio,
- b. have a family income at or below 100% of the Federal Income Poverty Guidelines
- c. complete a Financial Assistance Application, and
- d. meet the eligibility requirements of the Ohio Department of Medicaid's Hospital Care Assurance Program.

II. Financial Assistance. Eligibility for financial assistance, which discounts between 80% and 100%, as determined by a sliding scale, will be considered for those who are uninsured, underinsured, ineligible for any governmental health care benefit program, and unable to pay for their care, based upon financial need.

III. Hardship Assistance. If your medical bills for covered services exceed 25% of your gross family income, after taking into account all other discounts, you may receive an additional discount on medical bills; provided the discount is great enough so that you will not be personally responsible for paying more for eligible services than the amount generally billed to health insurance carriers for emergency or other medically necessary care.

IV. Other Charitable Discounts. In its discretion, TriHealth may provide other forms of financial assistance to eligible individuals in accordance with the Financial Assistance Policy, including uninsured discounts, underinsured discounts, discounts for eligible services provided in select TriHealth clinics.

### **How to Obtain Copies of the Financial Assistance Policy or Application**

Our Financial Assistance Policy and our Financial Assistance Application are available free of charge through:

- Our website, at <http://www.trihealth.com/tools/pay-your-bill/financial-assistance/>
- Our Emergency and Outpatient Registration areas and/or Financial Counselor's office
- By mail, and/or by calling 513-865-5148 and speaking with a Financial Counselor

### **How to Apply for Financial Assistance**

You may apply for financial assistance by obtaining and completing a Financial Assistance Application. When the Financial Assistance Application is completed, you may submit it to any registration representative at any TriHealth hospital, or you may mail the application to: Financial Assistance, TriHealth Inc., PO Box 639461, Cincinnati, Ohio 45263-9461.

### **How to Obtain Information and Assistance with the Financial Assistance Policy**

To obtain additional information or assistance concerning our Financial Assistance Policy, you may call 513-865-5148.

**Charges Will Not Exceed Amounts Generally Billed**

If you qualify for our Financial Assistance, you will not be personally responsible for paying more for eligible services than the amount generally billed to health insurance carriers for emergency or other medically necessary care.

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