

## **Summary of Financial Assistance for Hospital-Based Emergency or Medically Necessary Care**

For more than a century, Norton Healthcare's faith heritage has guided its mission of caring for the sick and injured in our community. That faith heritage influences every aspect of the care we provide. Norton Healthcare's hospitals provide free or discounted care to patients who cannot afford to pay and qualify based on income, resources and family situation. This summary provides a brief overview of our Financial Assistance Policy for hospital-based emergency or other medically necessary care.

### **Who is eligible for this financial assistance?**

If you have limited income and/or resources, no health insurance or a balance after health insurance, you may qualify for free or discounted emergency or medically necessary care based on the following criteria:

1. You do not have health insurance or you have an unpaid balance after the insurance plan has either paid or rejected a claim; and
2. You do not qualify for subsidized coverage or government assistance, such as Disproportionate Share Hospital (DSH), Children's Health Insurance Program (CHIP), Medicaid, Medicaid Managed Care Organization (MCO) or Hoosier Healthwise; and
3. Your family unit income is equal to or less than 300 percent of the Federal Poverty Guidelines; and
4. Your family unit's resources (assets) are equal to or less than 200 percent of the DSH guidelines; and
5. To be eligible for assistance for non-emergent Medically Necessary Care, you must also be a resident of Kentucky, Indiana, Tennessee, Ohio or Illinois. This residency requirement does not apply to Emergency Care.

The Financial Assistance Policy also describes certain additional eligibility criteria for certain services.

### **What will I be charged for care?**

Norton Healthcare provides hospital-based emergency and other medically necessary care free of charge to all patients who meet the criteria for financial assistance under this policy. Patients eligible for financial assistance will not be charged more than the amounts generally billed to patients with insurance coverage. This includes care at Norton Healthcare's five hospitals, plus Norton Children's Medical Center – Brownsboro, Norton Cancer Institute, Norton Diagnostic Centers and Norton Cardiovascular Diagnostic Centers.

### **How do I apply for assistance?**

To apply for financial assistance, you must complete a written application. You may have to provide a copy of last year's tax return or other documents, as required in the Financial Assistance Policy.

### **How can I get copies of the financial assistance policy and application?**

Norton Healthcare's Financial Assistance Policy documents and applications are available for free at [www.NortonHealthcare.com/FAP](http://www.NortonHealthcare.com/FAP) and in all Norton Healthcare hospital financial counseling offices and emergency departments. Or you may call customer service at (502) 479-6300 to request this information be mailed to you for free.

### **How can I learn more about the Financial Assistance Policy and get help with the application process?**

To learn more about the Financial Assistance Policy and the application process, contact a financial counselor located at any of our hospitals, or call Customer Service at 502-479-6300:

### **What if I'm not eligible for assistance under this policy?**

If you do not meet the eligibility requirements of our Financial Assistance Policy for hospital-based emergency or other medically necessary care, or are seeking assistance for care that is not an emergency or otherwise medically necessary, you may still qualify for a discount through a separate assistance program if you are uninsured. Call Customer Service at (502) 479-6300 to learn more.

*The Financial Assistance Policy and applications, this summary of the policy, and other related documents are available in Spanish, Serbo-Croatian, Vietnamese and Arabic.*