

Patient Financial Assistance Summary

Plain Language Summary



Key Questions Answered:

- ✓ What services are covered?
- ✓ How do I apply for assistance?
- ✓ Who qualifies for assistance?
- ✓ What are the income limits?
- ✓ What if I do not meet the income limits?
- ✓ Where can I get an application to apply?

Patient Financial Assistance Summary

Memorial Hermann Health System offers *financial assistance* to eligible patients based on income and assets for partially or fully discounted emergent or medically-necessary hospital care.

Patients seeking *financial assistance* must apply for the program, which is summarized in this document.

Memorial Hermann Health System

To see if you qualify for financial assistance and for free confidential help in applying, contact:

Patient Business Services
909 Frostwood Dr. Suite 3:100
Houston, TX 77024
Attention: PBS
Financial Assistance

Phone: 713.338.5502
1.800.526.2121

E-mail:
Patient.Billing@memorialhermann.org

Monday – Thurs: 8am – 7pm
Friday: 8am – 5pm

Version Date: January 25, 2016

Financial Assistance Policy (FAP)

What Services are Covered?

The Financial Assistance Policy (FAP) covers emergency and medically-necessary services provided at a Memorial Hermann Hospital. The policy does *NOT COVER*: cosmetic procedures, services provided by physicians and other providers who treat you at a Memorial Hermann Hospital but are not employed by the Hospital, or providers who bill separate from the Hospital for their services.

How to Apply

The FAP and Application may be obtained in-person, via mail, via telephone and from the Memorial Hermann website. Complete the application, include the requested documents and submit to the Hospital Admission/Registration Department *or* to the address listed on the back of this brochure.

The following forms of **picture** identification are acceptable for proof of identity:

State-issued driver license or identification card
Passport (US or foreign)
Identification card issued by Foreign Consulate

Student identification card
U.S. immigration document
Credit card (with photo)

Income Limits

One of the qualifying factors is income based on the table below:

2016 POVERTY GUIDELINES	
Persons in family/household	Income per Year
1	\$ 11,880
2	\$ 16,020
3	\$ 20,160
4	\$ 24,300
5	\$ 28,440
6	\$ 32,580
7	\$ 36,730
8	\$ 40,890

For families/households with more than 8 people: add \$4,160 for each additional person

Who Qualifies for Financial Assistance?

The amount of financial assistance depends on your income, size of your family and assets. Patients with family income of 200% of the Federal Poverty Level or less may be eligible for a discount of 100%. Patients with family income of over 200% of the Federal Poverty Level may be eligible for a discount.

See detailed information in the policy at:

<http://www.memorialhermann.org/financialassistanceprogram/>

Eligible patients will not be charged more for emergency or other medically-necessary care than *Amounts Generally Billed* (AGB) to those patients who have insurance.

A FREE copy of the Financial Assistance Policy and the Financial Assistance Application are available in English and Spanish by:

- Contacting the Hospital's Admission/Registration Department
- Calling 713.338.5502 or 1.800.526.2121
- Requesting an application by mail: 909 Frostwood Attn: PBS Financial Assistance Houston, TX 77024
- Downloading an application from the Memorial Hermann Health System website:
<http://www.memorialhermann.org/financialassistanceprogram/>