

A FREE copy of the Financial Assistance Application, Financial Assistance Policy, Plain Language Summary, and Billing & Collections Policy are available in English, Spanish, and other languages that meet the criteria described in the Financial Assistance Policy by:

- Contacting the Hospital's Admission/Registration Department
- Calling 713.338.5502 or 1.800.526.2121, option 5
- 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/>

Memorial Hermann Health System

To see if you qualify for financial assistance, Medicaid, Medicare, or other programs, 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 or
1.800.526.2121, option 5
E-mail: Patient.Billing@memorialhermann.org

Friday: 8am - 5pm
Monday - Thursday: 8am - 7pm

Version Date: November 14, 2017

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?

Financial Assistance Policy (FAP)

Memorial Hermann Health System offers financial assistance to eligible patients based on income, family size and Federal Poverty Level 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.

What Services are Covered?

The Financial Assistance Policy (FAP) covers emergency and medically-necessary services provided at a Memorial Hermann Hospital.

The Financial Assistance 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 Financial Assistance Policy 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.

Income Limits

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

2018 POVERTY GUIDELINES	
Persons in family/household	Income per Year
1	\$ 12,140
2	\$ 16,460
3	\$ 20,780
4	\$ 25,100
5	\$ 29,420
6	\$ 33,740
7	\$ 38,060
8	\$ 42,380

For families/households with more than 8 people: add \$4,320 for each additional person.

Who Qualifies for Financial Assistance?

The amount of financial assistance depends on your income, family size and Federal Poverty Level. 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.

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

- State-issued driver license or identification card
- Student identification card
- Passport (US or foreign)
- U.S. immigration document
- Identification card issued by Foreign Consulate
- Credit card (with photo)