

Sacred Heart Health System, Inc.

Summary of Financial Assistance Policy

Sacred Heart Health System, Inc. (the “Organization”) has a commitment to and reverence for individual human dignity and the common good, a special concern for and solidarity with persons living in poverty and other vulnerable persons, and a commitment to distributive justice and stewardship. In furtherance of these principles, the Organization provides financial assistance for certain individuals who receive emergency or other medically necessary care from the Organization. This summary provides a brief overview of the Organization’s Financial Assistance Policy, or “FAP.”

Who Is Eligible?

Under the FAP, an eligible patient with income less than or equal to 250% of the Federal Poverty Level (“FPL”) will receive a 100% charity care write-off on the portion of the charges for which he or she is responsible, and an eligible patient with income above 250% of the FPL but not exceeding 400% of the FPL will receive a sliding scale discount on such charges. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage for emergency and other medically necessary care.

What Services Are Covered?

The FAP applies to emergency and other medically necessary care. These terms are defined in the FAP. Elective services are not covered by the FAP.

How Can I Apply?

To apply for financial assistance, an individual typically must complete a written application. The individual must provide particular supporting documentation, as described in the FAP and the FAP application. Both Application and supporting documentation should be mailed or returned to Patient Financial Services, Sacred Heart Health System, Inc., P O Box 2488, Pensacola, FL 32513-2488.

How Can I Get Help with an Application?

For help with a FAP application, an individual may contact Sacred Heart Health System, Inc., by phone at 1-866-869-9677.

How Can I Get More Information?

Copies of the FAP and FAP application form are available at <https://healthcare.ascension.org/Billing/Florida/FLPEN> and at all patient registration departments. Free copies of the FAP, FAP application and information also can be obtained by mail by calling Customer Service toll free @ 1-866-869-9677.

What If I Am Not Eligible?

Patients who do not qualify for financial assistance under the FAP may qualify for other types of assistance. For more information, please contact Sacred Heart Health System, Inc., at 1-866-869-9677.

Translations of the FAP, the FAP application, and this plain language summary are available in the following languages upon request: Spanish