

**Sacred Heart Medical Group
Providence Hospital
Summary of Financial Assistance Policy**

Sacred Heart Medical Group and Providence Hospital have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Sacred Heart Medical Group and Providence Hospital has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Sacred Heart Medical Group and Providence Hospital provides financial assistance for certain individuals who receive emergency or other medically necessary care from Sacred Heart Medical Group and Providence Hospital. This summary provides a brief overview of Sacred Heart Medical Group and Providence Hospital Financial Assistance Policy.

Who Is Eligible?

Sacred Heart Medical Group: You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 500% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more than the eligible care than the amounts generally billed to patients with insurance coverage. Please call 833-263-9781 for more information or visit our website at <https://healthcare.ascension.org/financial-assistance/florida>

Providence Hospital: You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 500% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. 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. Please call 833-263-9781 for more information or visit our website at <https://healthcare.ascension.org/financial-assistance/alabama>

What Services Are Covered?

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

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

If you have any questions, please contact our Customer Service Center at 833-263-9781.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/financial-assistance/florida> and at the Patient Financial Services Department. Free copies of the Financial Assistance Policy and Financial Assistance Application also can be obtained by mail by calling 833-263-9781 or write to us requesting an application by mail at PO Box 80278, Indianapolis, IN 46240 or fax to a secured fax number 317-981-6312 for processing.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact our Customer Service Center at 833-263-9781

Translations of the financial assistance policy, the financial assistance application and this plain language summary are available upon request.