



HOUSTON HEALTHCARE

Summary of Financial Assistance Policy

Houston Healthcare recognizes that some patients are unable to pay their hospital bills due to financial considerations including financial hardship due to medical misfortune. Houston Healthcare will assist those who cannot pay for all or part of their care by extending Financial Assistance to qualifying patients.

A patient with private or public health insurance coverage may be eligible for discounts to co-pays, co-insurance and deductibles. The most a patient will pay is the amount generally billed to insured patients as defined in the financial assistance policy.

A patient may qualify for Financial Assistance if he or she meets one of the following criteria based on annual income or incurred medical expenses. Patients qualifying for Financial Assistance will not be charged more than amounts generally billed to Medicare for emergency or other medically necessary care.

In order to qualify for Financial Assistance based on *income*, annual household income is less than or equal to 300% of the Federal Poverty Guidelines. Qualification based on income will be determined presumptively through the use predictive analytics or through the completion of a financial assistance application.

In order to qualify for Financial Assistance based on *medical expenses*, medical expenses incurred within the preceding 90 days must be greater than 15% of annual household income. Qualification will be determined through the completion of a financial assistance application.

All applications for financial assistance must be submitted using Houston Healthcare's Financial Assistance Application. The application can be mailed to Houston Healthcare, Attn: Financial Counseling, P.O. Box 2886, Warner Robins, GA 31099, or hand delivered to the Patient Financial Services office at 233 North Houston Road, Suite 230, Warner Robins, GA 31093

This is a summary of the Houston Healthcare Financial Assistance Policy and generally describes the assistance program. A complete copy of the Financial Assistance Policy and Application may be obtained from the following sources:

1. www.hhc.org
2. Admissions department located in the Northwest Tower at Houston Medical Center, 1601 Watson Boulevard, Warner Robins, GA 31093
3. Same Day Services department located directly across from the entrance to the Emergency Department at Perry Hospital, 1120 Morningside Drive, Perry, GA 31069
4. Submitting a request in writing to the Financial Counseling Department, Houston Healthcare 1601 Watson Boulevard, Warner Robins, GA 31093

To speak with someone regarding questions about the Financial Assistance Policy and the application process, please contact the Financial Counseling Department at (478) 329-3456.

The Financial Assistance Policy, the Financial Assistance Application, and this Summary are available in Spanish.