

Methodist Health System

Summary of Financial Assistance Policy

Methodist Health System (MHS) is a not-for-profit healthcare organization guided by a commitment to its mission and core values through compassionate service. It is both the philosophy and practice of each MHS facility and provider that medically necessary healthcare services are available to patients, and those in emergent medical need, without delay and regardless of their ability to pay. For those with limited financial resources, MHS has established a financial assistance program to help them in paying for care.

Eligibility

Patients of the MHS with annual family incomes of less than four-times the federal poverty level, and with limited assets, will be eligible for MHS financial assistance.

(Visit <http://aspe.hhs.gov/> website of the Assistant Secretary for Planning and Evaluation of the US Department of Health and Human Services for current poverty guidelines.)

Type of Assistance

Family income and assets will be used to determine whether you receive free or discounted care. Free care is available to patients with limited assets and family income equal to or less than two-times the poverty level. Discounted care is available to patients with limited assets and family income between two and four-times poverty. Patients not meeting these eligibility guidelines, but with extraordinarily high medical expenses, may also be eligible for medical hardship assistance.

Fees Charged Patients Eligible for Financial Assistance

Patients eligible for financial assistance will be expected to pay no more than the amount generally billed to patients covered by Medicare Fee-For-Service and all private commercial insurance, for their patient payment obligations for emergency and medically necessary care.

How to Apply or Obtain More Information

To request a complete Financial Assistance Policy, a Financial Assistance Application, information on amounts generally billed, or assistance completing the application, contact:

*Methodist Health System
Financial Assistance
825 South 169th Street
P.O. Box 2797
Omaha, NE 68103-2797
402-354-4230 or 888-485-4494
www.bestcare.org/FinancialAssistance*

Availability of Translations

The Financial Assistance Policy, a Plain Language Summary, and an application form are available in Spanish and other languages spoken by more than 5% of the residents in our service area.