

Premier Health Financial Assistance Summary

This applies to all Premier Health Hospitals, which include Miami Valley Hospital, Good Samaritan Hospital (for service dates prior to 7/23/18), Atrium Medical Center, and Upper Valley Medical Center.

Ohio Hospital Care Assurance Program (HCAP)

As a participant in the HCAP Program, we offer Emergency and other Medically Necessary, hospital-level services free of charge, if you are a resident of Ohio and either:

- you are currently an eligible recipient of the General Assistance or the Disability Assistance Programs, or
- your income is at or below 100% of the Federal Poverty Guidelines (the FPG).

Our General Financial Assistance Policy

In addition to HCAP, under Premier Health hospitals' Financial Assistance Program, we provide financial assistance for Emergency Care and other Medically Necessary care on a sliding scale discount from our normal charges for patients who meet certain criteria. Applicants will be screened for Medicaid coverage and should cooperate with Medicaid representatives to be eligible for assistance under our program. If you qualify for financial assistance under our program, you will receive free or other discounted assistance, according to the following sliding scale:

Income (of FPG) % of Poverty Level	Uninsured Charity Discount	Insured Charity Discount
0 – 100%	100%	100%
100% – 200%	100%	N/A
200% - 300%	80%/AGB	N/A

If your family income exceeds 300% of the FPG and you are uninsured, you may be considered on a case-by-case basis for our Hardship Program. Patients who do not qualify for HCAP, the Financial Assistance Program, or the Hardship Program, may be eligible for other discounts for Emergency Care or Medically Necessary Services that are administered outside of this policy.

Application Process

You may apply for financial assistance before receiving Emergency Care or other Medically Necessary care, and up to 240 days after you receive your first bill following discharge. Financial Assistance Application Forms should be completed and signed by you or your representative. You may submit your completed application to any financial counselor or registration representative at any Premier Health hospital, or mail it to Premier Health Care Assurance/FAP Program, PO Box 932715, Cleveland, OH 44193.

Charges Will Not Exceed Amounts Generally Billed (AGB)

If you qualify for an award of financial assistance under our policy and your award does not cover 100% of our charges for the service, you will not be charged more for Emergency or other Medically Necessary care than the amount generally billed to health insurance carriers.

How to Obtain Copies of Our Financial Assistance Policy

Our Financial Assistance Policy and the Financial Assistance Application Form are available free of charge through:

- the Premier Health website at premierhealth.com/financialhelp,
- our emergency departments and registration areas,
- any of our financial counselor or cashier's offices, or
- the mail by providing your mailing address to a financial counselor or registration representative.

How to Obtain Information and Assistance Regarding Our Financial Assistance Program

For information regarding our Financial Assistance Program and Financial Assistance Application Form, please contact our financial counselors located at any of our hospitals, or Customer Service at **(937) 208-2777** or **(855) 208-2777**.