

## FINANCIAL ASSISTANCE SUMMARY

Methodist Hospital is dedicated to making healthcare services accessible to our patients and acknowledges the financial needs of our community who are unable to afford the charges associated with the cost of their medical care.

## **Financial Assistance Program**

If you need help paying for your medically medical services you may be eligible for Methodist Hospital's Financial Assistance Program. The hospital offers a Financial Assistance Program for qualifying patients who receive emergency or medically necessary care. Patients must complete an application, submit certain verification documents and have a family income of less than 350 percent of the federal poverty level. This Financial Assistance Program is a discretionary program offered to all patients for services that are medically necessary and may provide free or discounted cost for services rendered. Financially eligible patients will charged amounts less than amounts generally billed. You must apply within six months of when you received the services you are applying for. Financial assistance will not be denied because of race, color, religion sex age, national origin or marital status.

## How do I apply for Financial Assistance?

An application form and a list of all documentation required is available for download below, simply click on the download the Financial Assistance Application. The Application, Summary and Policy are available in English and other languages.

For assistance on completing the application or to request a copy of the policy you may receive help at any of the following sources:

- Main Admitting, ER Admitting, Customer Service Department located in Main Admitting
- On the web at: <a href="https://www.methodisthospital.org/For-Patients-Visitors/Financial-Assistance-for-Patients.aspx">https://www.methodisthospital.org/For-Patients-Visitors/Financial-Assistance-for-Patients.aspx</a>
- Call our Patient Financial Services Department at 626-574-3594 between the hours of 8 a.m. to 5 p.m. or leave a message.
- To receive information free by US Mail contact: Methodist Hospital of Southern California, Business Office Financial Assistance Program, 300 W. Huntington Drive, PO Box 60016, Arcadia, CA 916066-6016.

This policy does not cover any other providers of service except Methodist Hospital of Southern California

## **Financial Assistance for Uninsured Patients**

Methodist Hospital offers many forms of financial relief for patients without healthcare insurance ("uninsured") who need emergency or non-elective services. We have financial counselors available to evaluate your eligibility for various local and state programs, including county assistance and Medicaid.

Methodist Hospital has a financial assistance policy that provides free or discounted hospital care for patients who have received emergency treatment, do not meet the qualifications for Medicaid. To qualify for this free or discounted care, you must complete a financial assistance application and provide documents to support your income.

For patients who do not meet the financial assistance policy criteria and will be expected to pay for services out of pocket, Methodist Hospital offers a discount similar to that received by managed-care health plans. All uninsured patients (except those receiving cosmetic procedures and certain "package" procedures) will be given a discount. All pricing estimates posted under the "Uninsured" insurance type already reflect the hospital's uninsured discount.