

# USA Health's Financial Assistance Policy – Plain Language Summary

## Financial Assistance

USA Health's goal is to help our patients lead longer, better lives; we are committed to providing quality health care to those we serve. USA Health has established a policy and procedure that grants financial assistance to uninsured and under-insured members of our community who receive emergency medical care and medically necessary hospital services and who have an established need for assistance.

USA Health will make reasonable effort to collect funds from insurance companies and third-parties. Patients who meet certain income and asset levels may qualify for financial assistance for hospital charges based on the income levels below and apply that assistance to the patient responsibility amount (amount due after insurance). The amount of the discount allowed will be the Amount Generally Billed (AGB) which is an amount calculated to be the average amount generally billed to patients after their insurance coverage or 100% of Charges (depending on the patient's qualifications.):

Family Income Level (of FPL)	Discount
Mobile County	
0 – 150%	100% of Charges
151% - 300%	Charges reduced to AGB
Outside Mobile County	
0 – 150%	100% of Charges
151% - 250%	Charges reduced to AGB

## How can I qualify?

To qualify for financial assistance, you must meet income and asset guidelines and the Federal Poverty Limit Guidelines (FPL). Please complete the Application Form and attach the documents required to prove income, assets or other available resources. In many cases, by providing proof of your current participation in other governmental assistance programs, may automatically qualify you for assistance from USA's Financial Assistance Policy. If you need assistance, in completing the application or have questions, financial counselors are available by calling (251) 434-3505, Monday – Friday, 9 am – 4 pm. Approved applications apply specifically to USA Health's Hospital accounts but may be used by some associated Physician Practices for addition assistance. All inquiries, as well as all applications and

supporting documents are confidential. Financial Assistance is limited to Emergency or Medically Necessary Treatments. Treatments and procedures that are not deemed and generally considered as emergent or medically necessary, such as elective procedures are not covered by this policy. Financial Assistance is further limited to those whose self-pay balance exceeds a minimum amount. Further explanations of Financial Assistance limitations are found in the USA Financial Assistance Policy (FAP) and Addendums.

## How do I apply?

To find out if you qualify for financial assistance, please complete the Application Form and attach the documents required to prove income, assets or other available resources. If you need assistance in completing the application, financial counselors are available by calling (251) 434-3505, Monday – Friday, 9 am – 4 pm. All inquiries, as well as all applications and supporting documents are confidential. Your completed application should be mailed to the Patient Accounting Department at the following address:

USA Health  
Attention Financial Counselor  
P.O. Box 40010  
Mobile, AL 36640-0010

## Instructions

When completing the application form, be sure to include documents that verify your income and assets both for yourself and for your spouse (if applicable).

Examples of documentation used to verify eligibility include pay stubs, tax returns, bank statements and medical bills owed. Additional forms of verification may also be required.

## Verification of Income

- If you are currently employed, please provide verification of gross income for the last three (3) months. Verification can be a check stub or a letter from your employer on company letterhead.
- If you are self-employed, please provide a copy of your prior year's Tax Return, including all forms.
- If you are unemployed and drawing unemployment benefits, please provide verification of the amount you receive. Verification can be your notice of approval.
- If you are unemployed and have no income, please provide verification of your circumstances. Verification can be a statement from your physician, your church pastor, or attorney. Please contact USA Health's financial counselors by calling (251) 434-3505, Monday – Friday, 9 am – 4 pm to discuss your circumstances.

- If you are receiving Social Security Benefits, SSI, Social Security Disability, veteran's benefits a Military, Government or Private Pension, please provide verification of that income. Verification can be a copy of your most recent check/stub or deposit verification or a letter from the government or pension authority showing the amount you are receiving. If you have minor children or other members of your household receiving monthly payments, please show proof of those amounts.
- If you are collecting a retirement check, pension, annuity, short/long-term disability or worker's compensation, please provide verification of that income. Verification can be your most recent check/stub or a letter from the income source.
- If you are collecting governmental assistance, such as rent assistance in a H.U.D. Property, Food Stamps, Medicaid, Alabama All Kids, Alabama Family Assistance, SNAP, WIC, Section 8 Housing, live in an AHEPA apartment, then you will have already had your income and assets verified and as such can use your governmental assistance as verification of income. A copy of your documentation of assistance can be provided as proof of income.
- If you receive child support or alimony or receive assistance from your child's other parent (not living in your household), please provide verification of that income. Verification can be your child support order or divorce decree.
- If you are separated or going through a divorce, please provide legal proof of your separation or a letter from you lawyer.
- If your expenses exceed your income, please provide verification of how your monthly expenses are being satisfied. Verification can be letters of financial support from your family, friends, church or other organizations. Verification can be letters of financial support from your family, friends, church or other organizations. If you are using credit cards, cash advances or loans to satisfy your monthly expenses, please provide copies of the most recent statement of those items.

## Verification of Assets

- Please provide the most recent copy of your complete bank statement (including all pages of all checking, savings or certificates of deposits, 401K investment statements). If your bank account has been closed, please provide a letter from the bank stating that the account has been closed.
- Other assets, such as real estate (other than your primary residence), rental income or investment equity will need to be verified during the approval process.

## Eligibility

We will determine financial assistance eligibility based upon income and asset guidelines and the Federal Poverty Income Guidelines. Approved applications apply to USA Health University Hospital and USA Health Children's & Women's Hospital

accounts only and apply to the patient responsibility amount (amount due after insurance).

### Notification of Eligibility

Applicants will be notified by letter regarding their financial assistance application status.

### Continued Collections

Please Note: The financial assistance offered under this program does not apply to physician or other professional fees billed separately from the hospital fees.

**For questions or assistance with the financial assistance application, please call our office at (251) 434-3505.**