

TRIHEALTH FINANCIAL ASSISTANCE POLICY (FAP)

SUMMARY

TriHealth provides eligible patients with partially or fully discounted medically necessary acute hospital services, whether emergent, inpatient, or outpatient. Patients seeking financial assistance must complete a Financial Assistance Policy Application and be approved to receive these discounts.

Eligibility Requirements

I. Free Care. To be considered for free care, you must:

- a. be a resident of Ohio,
- b. have a family income at or below 100% of the Federal Income Poverty Guidelines
- c. complete a Financial Assistance Policy Application, and
- d. meet the eligibility requirements of the Ohio Department of Medicaid's Hospital Care Assurance Program.

II. Charity Care. Eligibility for charity care, which discounts between 70% and 100%, as determined by a sliding scale, will be considered for those who are uninsured, underinsured, ineligible for any governmental health care benefit program, and unable to pay for their care, based upon financial need.

III. Medical Indigence. If your medical bills for covered services exceed 200% of your family income, after taking into account all other discounts, you may receive an additional 60% discount on medical bills; provided the discount is great enough so that you will not be personally responsible for paying more for eligible services than the amount generally billed to health insurance carriers for emergency or other medically necessary care.

IV. Other Charitable Discounts. In its discretion, TriHealth may provide other forms of financial assistance to eligible individuals in accordance with the Financial Assistance Policy, including uninsured discounts, underinsured discounts, discounts for eligible services provided in select TriHealth clinics, including certain obstetrics services.

How to Obtain Copies of the Financial Assistance Policy or Policy Application

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

- Our website, at <http://www.trihealth.com/tools/pay-your-bill/financial-assistance/>
- Our emergency areas and admission and registration departments
- The mail, by calling 513-865-5148 or 513-862-4745 and speaking with a representative

How to Apply for Financial Assistance

You may apply for financial assistance by obtaining and completing a Financial Assistance Policy Application. When the Financial Assistance Policy Application is completed, you may submit it to any registration representative at any TriHealth hospital, or you may mail the application to: Financial Assistance, TriHealth Inc., PO Box 639461, Cincinnati, Ohio 45263-9461.

How to Obtain Information and Assistance with the Financial Assistance Policy

To obtain additional information or assistance concerning our Financial Assistance Policy, you may call 513-865-5148 or 513-862-4745.

Charges Will Not Exceed Amounts Generally Billed

If you qualify for our Financial Assistance, you will not be personally responsible for paying more for eligible services than the amount generally billed to health insurance carriers for emergency or other medically necessary care.

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