

TRIHEALTH FINANCIAL ASSISTANCE POLICY (FAP)
SUMMARY

TriHealth provides eligible patients with partially or fully discounted emergency and other medically necessary services. Patients seeking financial assistance must complete a Financial Assistance Policy Application and be approved to receive these discounts.

Eligibility Requirements

Ohio Hospital Care Assurance Program. Ohio residents who apply for Financial Assistance and meet the eligibility requirements of the Hospital Care Assurance Program, as administered through the Ohio Department of Medicaid, will be eligible for the Hospital Care Assurance Program. Free care through the Hospital Care Assurance Program is based on federal income poverty guidelines.

Financial Assistance. Eligibility for Financial Assistance, with discounts between 80% 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. If your gross family income is at or below 300% of the federal poverty level, you may be eligible for assistance.

Medical Indigence. If your medical bills for eligible services exceed 100% of your family income, after taking into account all other discounts, you may receive an additional 60% discount on the remaining amount, 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.

Deductible Assistance. Financial assistance may be provided for the patient's balance on Eligible Services after insurance (such as deductibles), based upon Family Income and Financial Need as determined by federal poverty levels.

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, 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 Application. When the Financial Assistance Application is completed, including proof of income, you may submit it via:

Onsite: Application may be given to any Registration, Admitting or Financial Counseling team member at our facilities

Mail: Financial Assistance, TriHealth Inc., 619 Oak Street, Cincinnati, OH 45206

Fax: 513-853-4742

Email: THHCAPFinAsst@TriHealth.com

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.