

## ELIGIBILITY CRITERIA

Marion Health will attempt to identify those patients who may qualify for Financial Assistance at time of admission or within a reasonable period after healthcare services are rendered and before extraordinary collection efforts are initiated.

## LIMITATIONS ON AMOUNTS BILLED

Marion Health will not bill patients approved for financial assistance under this FAP for emergency or other medically necessary care more than the amounts generally billed to individuals who have insurance.

## CATASTROPHIC OR ECONOMIC ASSISTANCE

Any patient whose income is less than or equal to the income threshold (250% FPL) for financial assistance and who experiences a catastrophic medical event may be granted financial assistance at Marion Health's sole discretion. Patient's granted assistance due to a catastrophic medical event will not be billed more than the Amount Generally Billed. The Amount Generally Billed for the current year for MGH is available on [www.marionhealth.com](http://www.marionhealth.com).

## EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

Regardless of an individual's ability to pay or qualify under this Financial Assistance Policy, Marion Health will provide, without discrimination, care for any emergency medical condition(s) as designated under the U.S. Federal Government's Emergency Medical Treatment and Labor Act (EMTALA) OF 1986.

## FAILURE TO PROVIDE INFORMATION

Failure to provide information necessary to complete a financial assessment may result in a negative determination but the account may be reconsidered upon receipt of the required information. Patients who fail to provide required documentation or information will be provided notification.

Failure of a patient/guarantor to apply for assistance or pay the balance on the account could cause the account to be placed with a collection agency.

**Physician services such as Emergency Department, Anesthesiologists, Radiologists, Pathologists and other physicians bill separately and may or may not follow the hospital's patient assistance program. For assistance please contact their offices directly.**

*We are committed to caring for you.*



**MARION  
HEALTH**

**Patient Financial Services  
Customer Service**  
330 N. Wabash Ave.  
Suite 170  
Marion, IN 46952  
**(765) 660-6100**  
**Toll-Free 1-800-200-1111**

MGH 23670 (6/22)  
2121100562

[marionhealth.com](http://marionhealth.com)



**MARION  
HEALTH**

Patient notice of

## Financial Assistance Policy (FAP)



## POLICY STATEMENT

As a charitable not-for-profit Hospital and pursuant to its mission to provide service, excellence, and value it is the policy of Marion Health to provide medically necessary health care services to all patients of Marion Health and Marion Health-owned physician practices, without regard to the patient's financial ability to pay.

Marion Health is designated as a charitable (i.e., tax exempt) organization under Internal Revenue Code (IRC) Section 501(c)(3). Pursuant to IRC Section 501(r), in order to remain tax-exempt, Marion Health is required to adopt and widely publicize its Financial Assistance Policy (FAP). Financial assistance determination will be made without regard to a patient's age, sex, race, creed, disability, sexual orientation, or national origin.

The purpose of this FAP is to outline the circumstances under which Marion Health will provide free or discounted care to patients who are unable to pay for services and to address how Marion Health calculates amounts billed to patients.

## FINANCIAL ASSISTANCE

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Marion Health procedures for obtaining assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.

## APPLICATION AND DETERMINATION

The patient's qualification for Financial Assistance will be determined through an application process. FAP information and applications are available at registration areas, or online at [www.marionhealth.com](http://www.marionhealth.com).

Printed copies of the Financial Assistance Policy and Application may also be obtained by:

| <i>Call</i>   | <i>Present to</i>  | <i>Request by mail to</i>                               |
|---|--|---|
| <b>Customer Service</b><br><b>(765) 660-6100</b> <i>or</i><br><b>(756) 660-7600</b> | <b>Patient Financial Services Office</b><br>513 N. River Road<br>Marion, IN 46952<br><i>or</i><br><b>Physician's Billing of Marion Health</b><br>330 N Wabash Suite G-20<br>Marion, IN 46952 | <b>Marion Health</b><br>PO Box 1169<br>Marion, IN 46952 |

The patient must apply and comply with the requirements for any other possible Federal or State payer source. Assistance with the assessment and enrollment is provided as a service of Marion Health free of charge to the patient by certified Indiana Navigators.

An application requires name, current address, valid contact information, and all names, relationship, and ages of persons in household. The application requires the patient to list all gross income amounts and their sources.

Patient must cooperate in supplying all third-party insurance and liability information.

If the account is with a collection agency, the patient may still apply for financial assistance.

Marion Health will utilize the current Federal Income Poverty Guidelines (FPL) published by the U.S. Department of Health and Human Services.

<= 250% of FPL = 100% Assistance  
251% - 300% of FPL = 75% Assistance  
301% - 350% of FPL = 50% Assistance

Documentation may be required to validate the information. An application for financial assistance may be applied to a period of time up to six months from the date of the application if there is no change in financial or other circumstances. Marion Health always reserves the right to request additional documentation or verification of application information at any time.

