



PLAIN LANGUAGE SUMMARY of FINANCIAL ASSISTANCE POLICY

The following is a summary of Somerset Community Hospital's Financial Assistance Policy, effective October 1, 2018. This is a general overview of the policy; Somerset Hospital will review each application individually to determine whether that patient and treatment qualify for financial assistance.

This policy is to provide financial assistance for patients who:

- Have limited or no health insurance
- Have applied for governmental assistance, such as Medicare or Medicaid, but did not qualify
- Demonstrate financial need
- Supply Somerset Hospital with the necessary information about household finances

Financial assistance is available for eligible patients who require:

- Emergency medical services
- Nonelective services for urgent life-threatening conditions, outside the Emergency Department
- Other medically necessary services, on a case-by-case basis.

Somerset Hospital is committed to publicizing its Financial Assistance Program broadly within the communities it serves.

Each patient has the opportunity to apply for financial assistance at all times throughout his or her relationship with Somerset Hospital:

- Prior to treatment
- Throughout treatment
- Up to the resolution of his or her account

Determination of Eligibility for Financial Assistance

To request financial assistance, patients are required to submit the Financial Assistance Application disclosing household income and required supporting documentation. For nonemergency services, financial counselors may also conduct an interview with the patient before the date of service or discharge.

Applicants are treated with dignity and respect throughout the process, and all information is handled with confidentiality. The patient's cooperation in providing the necessary information is crucial to the process.

Typically, a patient is not eligible for financial assistance until he or she has applied for and has been deemed ineligible for federal and state governmental assistance programs. As a result, financial counselors may make resources available to assist patients in enrolling in or applying for such programs. The applications for federal or state assistance must be completed and submitted within 90 days of the date of service.

Federal Poverty Limits

Household Size	Up to 200% Poverty (100% Charity Care)	Up to 300% Poverty (80% Charity Care)	Up to 400% Poverty (70% Charity Care)	
1	\$ 24,280	\$ 36,420	\$ 48,560	
2	\$ 32,920	\$ 49,380	\$ 65,840	
3	\$ 41,560	\$ 62,340	\$ 83,120	
4	\$ 50,200	\$ 75,300	\$ 100,400	
5	\$ 58,840	\$ 88,260	\$ 117,680	
6	\$ 67,480	\$ 101,220	\$ 134,960	
7	\$ 76,120	\$ 114,180	\$ 152,240	
8	\$ 84,760	\$ 127,140	\$ 169,520	
<ul style="list-style-type: none"> • For family units of more than 8 members, add \$8,640 (200%), \$12,960 (300%) or \$17,280 (400%) per addl. member • This table shall be adjusted in accordance with annually released changes to Federal Poverty levels. • Any patient whose household total gross annual income is above the amount shown is not eligible. • Note: Pregnant women count as two people for the purpose of this chart 				

Determination of Assistance Amount

In determining a reasonable and fair level of assistance, a sliding scale will apply.

If a patient's income is below 400 percent of the federal poverty guidelines, the patient may receive some form of financial assistance.

- If a patient's income falls at or below 200% of the federal poverty guidelines, the patient will have no financial responsibility for care provided; the fees for services at Somerset Hospital are completely waived.
- If a patient's income falls between 201% and 300% of the federal poverty guidelines, the patient is eligible for financial assistance in the form of an 80% reduction in amounts generally billed. This means that the fees for the services at Somerset Hospital are limited to a maximum of 20% of the amounts generally billed.
- If a patient's income falls between 301% and 400% of the federal poverty guidelines, the patient is eligible for financial assistance in the form of a 70% reduction in amounts generally billed. This means that the fees for service at Somerset Hospital are limited to a maximum of 30% of the amounts generally billed.
- If a patient's income falls above 401% of the federal poverty guidelines and is uninsured, the patient is eligible for a Self-Pay Discount of charges.

When financial assistance is less than 100 percent of charges, the fees for which the patient is responsible will not be more than what is generally billed.

In some cases, Somerset Hospital may recognize other financial or medical conditions that warrant financial assistance. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full policy for a complete explanation and details. Please **contact the Financial Assistance Department at 814-443-5876** in order to review the circumstances. In special cases, Somerset Hospital staff may be able to help establish a payment plan that helps patients pay their balance over time.

Where to Get the Financial Assistance Application (FAP) and more Information

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

- Download the information online at www.somersethospital.com
- Request the information in writing by mail or by visiting the
 - Admissions Office,
 - Emergency Department or
 - Financial Rep. Office, Suite 218
- Request the information by calling 814-443-5876

Return Completed Application to:

Somerset Hospital

Attn: Cashier

225 S Center Avenue

Somerset, PA 15501

Availability of Spanish Translations

The Financial Assistance policy, application form, and the plain language summary can be offered in English and Spanish. The Hospital may elect to furnish translation aids, translation guides, or provide assistance through the use of a qualified bilingual interpreter by request.