



It is our mission to provide quality healthcare services to people who live in our community with efficiency, sensitivity, and a commitment to the human dignity and wellness of the individual. We make no differentiation between an individual's ability to meet the costs of healthcare and the quality of services we provide, regardless of race, creed, color, sex, national origin, sexual orientation, handicap or age.

As a healthcare institution, we recognize as part of our mission the need for those who are medically or financially indigent to receive care, and will assist patients who cannot pay for part or all of the care they receive. At the same time, the need for financial assistance for these patients is always balanced with our broader financial responsibility to keep our doors open for all who live in our community and may need care, now and in the future.

Eligibility

You may be eligible for financial assistance under the terms and conditions we offer to qualified patients. The determination of eligibility for financial assistance is based on a review of the patient's and/or guarantor's actual income, expenses and assets to determine if there is adequate financial means to pay bills from Endeavor Health. Assets

will be examined on a case-by-case basis to determine if patients are eligible for financial assistance.

Eligibility for financial assistance is based on income level less medical expenses. If eligible, financial assistance will be provided in the form of a discount depending on income levels from all sources. The discount will be 100% for individuals earning up to 200% of the federal poverty level. A % of cost discount will be provided to patients that exceed 200% of the poverty line but do not exceed 600% of the poverty level.

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance coverage.

Uninsured discounts

An uninsured individual who does not qualify for medical or financial indigence, or an individual who does not have insurance benefits for a particular medically necessary service, may receive an uninsured discount. To be eligible, uninsured patients must not earn more than 600% of the federal poverty guidelines.

To determine eligibility for an uninsured discount, patients must fully cooperate with Endeavor Health by providing information about third party coverage. Patients must also provide necessary documentation and complete appropriate application forms to apply for third-party

coverage that may be available, including coverage from a healthcare insurer, Medicare, Medicaid, automobile insurance, worker's compensation or any other insurance.

A payment plan for the portion of the bill which is not discounted may not exceed six months, unless this would place undue hardship on the patient. In such case, the payment plan should not exceed one year.

Forms

Patients, or a person acting on the patient's behalf, who desire financial assistance and/or an uninsured discount from Endeavor Health must provide financial and any other information requested by completing the application form. The forms are located at **www.eehealth.org**

Questions about financial assistance, how to receive paper copies of our policy, application, or uninsured discounts or any billing-related questions can be directed to our Patient Accounts department at (866) 756-8348 or by E-mail at Financialassistance@eehealth.org.

The Financial Assistance Policy is available at **www.eehealth.org**