

## Financial Assistance Policy – Plain Language

CCHMC will provide care for emergency medical conditions to anyone without discrimination, even if you cannot pay for that care. CCHMC will not do anything to discourage you from seeking emergency medical care. For example, CCHMC does not require you to pay for treatment before getting emergency care.

Effective October 1, 2021, CCHMC will provide financial assistance for medically necessary services to any patient who resides in the United States and will work with eligible patients and families to secure government health care programs. Patients residing outside of our primary service area with dates of service prior to October 1, 2021 are only eligible for a 25% discount. Patients with a family income above 200% of the Federal Poverty Level (FPL) with dates of services on or after October 1, 2021, will receive a 49% discount on balances billed to the patient/family. Patients with a family income at or below 200% of the FPL, demonstrated by completion of a Financial Assistance Application, will have services provided at no charge.

For a patient to receive financial assistance under this policy, the patient must be either uninsured, or insured by a health plan in which CCHMC is a participating provider or has a patient-specific single case agreement. If the patient is a member of a plan for which CCHMC is not contracted, the financial assistance outlined in the Summary is limited to the out-of-pocket expenses from your deductible and co-insurance amounts.

Payment plans are also an option. If we cannot establish a payment plan after attempting to work with you to obtain assistance, and after sending several monthly statements, we may transfer your account to an outside collection agency. We will not make extraordinary efforts to collect amounts due by you for medically necessary services. We will not sell your debt or make a report that could impact your credit rating. We will not defer or deny you subsequent care or require payment before subsequent care is provided. We will not file a lawsuit against you, take your property, or place a lien or attachment on your property.

Information about the current FPL is available at <http://www.cincinnatichildrens.org/patients/resources/financial-assistance/>. You must complete our Financial Assistance Application if you are seeking financial assistance under 200% of FPL. You will need to provide proof of your income, residency, and family size. Applications are available in different languages from the following locations:

- Call a financial advocate at 513-636-4427 option #2

- E-mail [FFA@cchmc.org](mailto:FFA@cchmc.org)
- Fax 866-300-0568
- Write to CCHMC Patient Financial Services, 3333 Burnet Avenue, MLC 11026, Cincinnati, Ohio 45229-3026
- Go online at <http://www.cincinnatichildrens.org/patients/resources/financial-assistance/>

Applications will be processed within 30 days after receipt of all required documents.