

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.

If you have out-of-pocket expenses for medically necessary, non-emergent care at CCHMC that are more than 25% of your family income in a year, we will work with you on a payment plan – so that you will not pay more than 25% of your income to CCHMC in a year. We will work with you to try to determine if you are eligible for assistance, give you assistance if you are eligible, and work with you to put in place a payment plan. We will also work with you to help you get any government program assistance, such as Medicaid or Medicare, for which you might be eligible.

If we cannot establish a payment plan after attempting to work with you to obtain assistance and sending four monthly statements, we may transfer your account to an outside collection agency. We will not – and our agents 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.

Additionally, for Residents of Ohio and our Primary Service Area, CCHMC also offers financial assistance for medically needed care for residents of Ohio, or Boone, Campbell, and Kenton Counties in Kentucky, and Dearborn County in Indiana. In order 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. All families must complete a Financial Assistance Application in order to be eligible for financial assistance.

If you complete a Financial Assistance Application and your family income is 200% of the Federal Poverty Level or less, CCHMC will provide you with medically necessary care at no charge to you. If you complete the Application and your family income is above the 200% of the Federal Poverty Level, CCHMC will provide you with a 49% discount. Information about the current FPL is available at <http://www.cincinnatichildrens.org/patients/resources/financial-assistance/>.

If you are seeking financial assistance, you must complete our Financial Assistance Application. You will need to provide proof of your income, residency, and family size. Applications are available – in different languages – from any of the following:

- Call a financial counselor at 513-636-4427, or
- E-mail PFC@cchmc.org, or
- Write to CCHMC Patient Financial Services, 3333 Burnet Avenue, MLC 5011, Cincinnati, Ohio 45229, or
- Go online at <http://www.cincinnatichildrens.org/patients/resources/financial-assistance/>.

Applications will be processed within 30 days after they are completed. You can also talk to a Family Financial Advocates, located at 3333 Burnet Avenue, Cincinnati, OH 45229, in the main hospital.

For United States Residents outside Ohio or our Primary Service Area, CCHMC will give you a discount of 25% on charges billed to you for medically necessary, non-emergent care.