

## Patient Financial Assistance Summary

*Plain Language Summary*



### **Key Questions Answered:**

- ✓ What services are covered?
- ✓ How do I apply for assistance?
- ✓ Who qualifies for assistance?
- ✓ What are the income limits?
- ✓ What if I do not meet the income limits?
- ✓ Where can I get an application to apply?

## Patient Financial Assistance Summary

Memorial Hermann Health System offers *financial assistance* to eligible patients based on income and assets for partially or fully discounted emergent or medically-necessary hospital care.

Patients seeking *financial assistance* must apply for the program, which is summarized in this document.

Memorial Hermann Health System

*To see if you qualify for financial assistance and for free confidential help in applying, contact:*

**Patient Business Services  
300 Kingwood Medical Drive  
Kingwood, TX 77339  
Attention: Financial  
Assistance**

**Phone: 281-312-4068**  
MemorialHermannKingwood.com/  
Financial-Information

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**Monday – Friday:  
8am – 5pm**

*Version Date: June 25, 2016*

## Financial Assistance Policy (FAP)

### What Services are Covered?

The Financial Assistance Policy (FAP) covers emergency and medically-necessary services provided at a Memorial Hermann Hospital. The policy does *NOT COVER*: cosmetic procedures, services provided by physicians and other providers who treat you at a Memorial Hermann Hospital but are not employed by the Hospital, or providers who bill separate from the Hospital for their services.

### How to Apply

The FAP and Application may be obtained in-person, via mail, via telephone and from the Memorial Hermann website. Complete the application, include the requested documents and submit to the Hospital Admission/Registration Department *or* to the address listed on the back of this brochure.

### Income Limits

One of the qualifying factors is income based on the table below:

2017 POVERTY GUIDELINES	
Persons in family/household	Income per Year
1	\$ 12,060
2	\$ 16,240
3	\$ 20,420
4	\$ 24,600
5	\$ 28,780
6	\$ 32,960
7	\$ 37,140
8	\$ 41,320

For families/households with more than 8 people: add \$4,160 for each additional person

### Who Qualifies for Financial Assistance?

The amount of financial assistance depends on your income, size of your family and assets. Patients with family income of 200% of the Federal Poverty Level or less may be eligible for a discount of 100%. Patients with family income of over 200% of the Federal Poverty Level may be eligible for a discount.

See detailed information in the policy at:

<http://memorialhermannkingwood.com/financial-information>

Eligible patients will not be charged more for emergency or other medically-necessary care than *Amounts Generally Billed* (AGB) to those patients who have insurance.

*A FREE copy of the Financial Assistance Policy and the Financial Assistance Application are available in English and Spanish by:*

- Contacting the Hospital's Admission/Registration Department
- Calling 281-312-4068 or 281-312-4000
- Requesting an application by mail: 300 Kingwood Medical Drive, Attn: Financial Assistance Kingwood, TX 77339
- Downloading an application from the Memorial Hermann Health System website:

<http://memorialhermannkingwood.com/financial-information>

The following forms of **picture** identification are acceptable for proof of identity:

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|--|-----------------------------|
| State-issued driver license or identification card | Student identification card |
| Passport (US or foreign)                           | U.S. immigration document   |
| Identification card issued by Foreign Consulate    | Credit card (with photo)    |