

## FINANCIAL ASSISTANCE POLICY SUMMARY

The HSC Pediatric Center is proud of its not-for-profit mission to provide caring health care services to patients 24 hours a day, 7 days a week regardless of their ability to pay, doing so in an equitable manner and treating them with dignity, respect and compassion. To achieve this end, The HSC Pediatric Center has established a program to facilitate provision of financial assistance to uninsured or underinsured patients for eligible services (defined below). Under this program, patients whose household income is less than 200% of the published federal poverty guidelines (Table I) are provided free care, with respect to the patients' out of pocket portion of the bill for eligible services ("Financial Assistance"). In addition, patients whose family income is above 200% but not more than 500% of the published federal poverty guidelines will receive a discount on the services provided based on a sliding scale (Table II).

Family Size	100% FPL	200% FPL	300% FPL	400% FPL	500% FPL
1 Person	\$11,880	\$23,760	\$35,640	\$47,520	\$59,400
2 Person	\$16,020	\$32,040	\$48,060	\$64,080	\$80,100
3 Person	\$20,160	\$40,320	\$60,480	\$80,640	\$100,800
4 Person	\$24,300	\$48,600	\$72,900	\$97,200	\$121,500
5 Person	\$28,440	\$56,880	\$85,320	\$113,760	\$142,200
6 Person	\$32,580	\$65,160	\$97,740	\$130,320	\$162,900
7 Person	\$36,730	\$73,460	\$110,190	\$146,920	\$183,650
8 Person	\$40,890	\$81,780	\$122,670	\$163,560	\$204,450

Family Size: for each additional family member over 8 members, add \$4,160 to income. Patients with family income over \$204,450 will not be eligible for financial assistance, regardless of family size.

FPL: "Federal Poverty Level" is determined yearly by the US Department of Health and Human Services.

	XXX	Less than 200% FPL	201-300% FPL	301-400% FPL	401-500% FPL
Patient Discount	XXX	100%	65%	20%	10%
Patient Pays	XXX	0%	35%	80%	90%

**ELIGIBLE SERVICES** - Services provided by our Hospital facility that are eligible for financial assistance include:

- Medical and therapy services considered medically necessary and based upon the clinical judgement of the health care provider without regard to the financial status of the patient.

The Financial Assistance Policy applies to services provided by physicians and medical staff directly employed by The HSC Pediatric Center. If you have any questions regarding whether a physician is employed by The HSC Pediatric Center, please visit the Hospital registration desk or call 202-832-4400.

**ELIGIBILITY REQUIREMENTS AND ASSISTANCE OFFERED** - All patients will be treated for eligible services without discrimination and regardless of their eligibility for financial assistance. Under no circumstance will a patient determined to be eligible for financial assistance be issued a bill. *Please note that the financial assistance program is **NOT** an insurance policy.*

In order to apply for financial assistance, the patient and/or family should complete an application form and provide items such as paystubs, recent bank statements, tax returns, etc. (as described in greater detail in the Financial Assistance Application form). Financial assistance applications that are approved are valid for a **six-month period**, starting from the initial date of care with respect to which the Financial Assistance Application was approved.

The determination of financial assistance will be based on the patient's ability to pay and will *not* be affected by the individual's age, sex, race, religion, disability, sexual orientation, marital status, immigrant status or national origin.

If you do not qualify for financial assistance and anticipate challenges in paying your bill, it is important that you contact our Business Office department at 202-832-4400, as we may be able to help you arrange a manageable payment plan.

**HOW TO APPLY FOR FINANCIAL ASSISTANCE** - Patients have 240 days after the first post-discharge billing statement to submit applications for financial assistance. One can apply for financial assistance by completing a Financial Assistance Application form. The form is available to patients at the time they receive care at The HSC Pediatric Center. The application form, Financial Assistance Policy and this Plain Language Summary can be downloaded at <http://www.hschealth.org/medical-programs-therapy/financial-assistance-program>. Accompanying instructions will state the documents required for eligibility determination and guide patients in completion of the form.

Alternatively, printed copies of the Hospital's Financial Assistance Policy, its Plain Language Summary and the Financial Assistance Application form may also be obtained free of cost by visiting the Hospital registration desks, business office, or the concierge desk located in the Hospital's main lobby. You can request a free copy to be mailed to you by calling the Business Office department at 202-832-4400.

This Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application forms are available in English and Spanish.

**The completed application form and all supporting documentation should be returned to:**

The HSC Pediatric Center  
Attention: Business Office Department  
1731 Bunker Hill Road, NE  
Washington, DC 20017

Your information will be reviewed and a written decision will be mailed to you within 30 days of receipt of a completed Financial Assistance application.

**TIMELY PAYMENT OF BILLS** - Patients deemed not eligible for financial assistance are considered to be self-pay. Payments for these accounts are due within 30 days from the date of service. However, the patient will receive monthly statements for 120 days. If the patient fails to contact the Hospital to set up acceptable payment terms, the account will be transferred to a professional collection agency at least 150 days after the date of service.

**If you have questions regarding our Financial Assistance Policy or require assistance in completing a Financial Assistance Application form, please contact our Business Office at 202-832-4400 or visit our Business Office at the address provided below:**

The HSC Pediatric Center  
1731 Bunker Hill Road, NE  
Washington, DC 20017