

## **Summary of Financial Assistance Policy**

Ascension Saint Agnes, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Saint Agnes has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Saint Agnes provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Saint Agnes. This summary provides a brief overview of Ascension Saint Agnes's Financial Assistance Policy.

### **Who Is Eligible?**

You may be able to get financial assistance if you live in Arbutus 21227, Brooklyn/Linthicum,21225, Catonsville 21250,21228, Curtis Bay 21226, Gwynn Oak 21207, South Baltimore City 21223,21230, Southwest Baltimore City 21229, West Baltimore City 21215,21216,21217. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 500% of the Federal Poverty Level, you may receive discounted rates on a sliding scale or a based on a means test. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more than the charges minus the hospital mark-up or the amounts generally billed to patients with insurance coverage, whichever is less.

### **Written Estimate.**

Patients shall have the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.

### **What Services Are Covered?**

The Financial Assistance Policy applies to emergency and other medically necessary care. Physician charges are not included in the hospital bill and will be billed separately. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

### **How Can I Apply?**

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. For an application, please contact 667-234-2140.

### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact Patient Financial Services at 667-234-2140, the Maryland Medical Assistance at 1-855-642-8572 or internet [www.dhr.state.md.us](http://www.dhr.state.md.us), or your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434.

### **How Can I Get More Information?**

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/Locations/Maryland/MDBAL/Baltimore-Saint-Agnes-Hospital> and at 900 S. Caton Avenue, Baltimore, MD 21229, Patient Financial Services Department. Free copies of the Financial Assistance Policy and Financial Assistance Application also can be obtained by mail by contacting the Patient Financial Services Department at 667-234-2140.

### **What If I Am Not Eligible?**

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Patient Financial Services Department, 900 S. Caton Avenue, Baltimore, MD 21229 or by telephone at 667-234-2140.

### **Payment Plans**

Ascension Saint Agnes Hospital offers payment plans to help you pay your medical bills. For more information, please contact the Customer Service Department at 667-234-2175.

### **Acknowledgment**

I have received the above plain language summary of the Ascension Saint Agnes Financial Assistance Policy and understand my rights under the Policy.

Please Initial: [Initials will be collected on the general consent form.]

**Translations of the Financial Assistance Policy, the Financial Assistance Application and instructions, and this plain language summary are available in the following languages on our website and upon request:**

**Arabic**

**Burmese**

**Chinese (Simplified)**

**Chinese (Traditional)**

**English**

**French**

**Gujarati**

**Italian**

**Korean**

**Russian**

**Spanish**

**Tagalog**

**Urdu**

**Vietnamese**