A FREE copy of the Financial Assistance Application, Financial Assistance Policy, Plain Language Summary, and Billing & Collections Policy are available in English, Spanish, and other languages that meet the criteria described in the Financial Assistance Policy by:

- Contacting the Hospital's Admission/Registration Department
- Phone: 281.312.4012 or 281.312.4000, option 5
- Requesting an application by mail: 300 Kingwood Medical Drive Kingwood, TX 77339 Attention: Financial Assistance
- Downloading an application from the Memorial Hermann Surgical Hospital Kingwood website: http://www.memorialhermannkingwood.co m/financial-assistance-program/

# **Memorial Hermann Health System**

To see if you qualify for financial assistance, Medicaid, Medicare, or other programs, and for free confidential help in applying, contact:

#### **Patient Business Services**

300 Kingwood Medical Drive Kingwood, TX 77339 Attention: Financial Assistance

Phone: 281.312.4012 or 281.312.4000, option 5

Friday: 8am - 5pm

Monday - Thursday: 8am - 7pm

Version Date: 3/21/2023

# **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?





# **Financial Assistance Policy (FAP)**

Memorial Hermann Health System offers financial assistance to eligible patients based on income, family size and Federal Poverty Level 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.

### **What Services are Covered?**

The Financial Assistance Policy (FAP) covers emergency and medically-necessary services provided at a Memorial Hermann Hospital.

The Financial Assistance 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 Financial Assistance Policy 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:

2022 POVERTY GUIDELINES	
Persons in family/household	Income per Year
1	\$ 13,590
2	\$ 18,310
3	\$ 23,030
4	\$ 27,750
5	\$ 32,470
6	\$ 37,190
7	\$ 41,910
8	\$ 46,630

For families/households with more than 8 people: add \$4,720 for each additional person.

## **Who Qualifies for Financial Assistance?**

The amount of financial assistance depends on your income, family size and Federal Poverty Level. 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://www.memorialhermannkingwood.com /financial-assistance-program/

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.

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

- 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)