

## **Failure to provide information**

Failure to provide information necessary to complete a financial assessment may result in a negative determination, but the account may be reconsidered upon receipt of the required information. Patients who fail to provide required documentation or information will be provided notification.

Failure of patient/guarantor to apply for assistance or pay the balance on the account could cause the account to be placed with a collection agency.



## **Emergency Medical Treatment and Active Labor Act (EMTALA)**

In addition to the EMTALA Compliance Policy, MGH will provide, without discrimination, care for Emergency Medical Conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to all individuals seeking such care regardless of their eligibility under this FAP.



Patient Financial Services  
Customer Service  
765-660-6100  
1-800-200-1111

### **OUR COMMITMENT**

is to treat you and your questions with  
courtesy, respect and with the  
utmost confidentiality

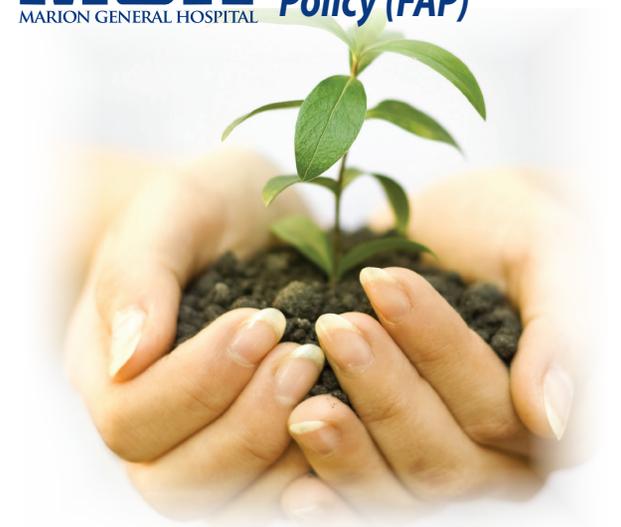
Please Apply Online at:  
**[mgh.net](http://mgh.net)**

*Physician Services, such as Emergency Department, Anesthesiologists, Radiologists, Pathologists, and Other Physicians bill separately and may or may not follow the hospital's patient assistance program.*

*For assistance, please contact their offices directly.*

**MARION GENERAL HOSPITAL**  
441 N. WABASH AVE.  
MARION, IN 46952  
765-660-6100  
**[www.mgh.net](http://www.mgh.net)**

MGH 23670 (09/2017)



## **Policy Statement**

As a charitable not-for-profit Hospital and pursuant to its mission to provide service, excellence and value, it is the policy of Marion General Hospital (MGH) to provide medically necessary healthcare services to all patients of MGH and MGH-owned physician practices, without regard to the patient's financial ability to pay.

MGH is designated as a charitable (i.e. tax exempt) organization under Internal Revenue Code (IRC) Section 501(c)(3). Pursuant to IRC Section 501(r), in order to remain tax-exempt, MGH is required to adopt and widely publicize its Financial Assistance Policy (FAP). Financial Assistance determination will be made without regard to a patient's age, sex, race, creed, disability, sexual orientation, or national origin.

The purpose of the FAP is to outline the circumstances under which MGH will provide free or discounted care to patients who are unable to pay for services and to address how MGH calculates amounts charged to patients.

**Financial Assistance** is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with MGH procedures for obtaining assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.

### **Eligibility Criteria**

MGH will attempt to identify those patients who may qualify for Financial Assistance at time of admission or within a reasonable period of time after healthcare services are rendered and before extraordinary collection efforts are initiated.

### **Limitations on Charges**

MGH will not bill patients approved for Financial Assistance under this FAP for emergency or other medically necessary care more than the amounts generally billed to **individuals who have** insurance.

### **Catastrophic or Economic Assistance**

To determine if a patient is “medically unable to pay,” MGH will utilize **50%** of the patient’s gross income at the time of the completed application and after payment by any third party payors and subject to evaluation of other financial information regarding the patients ability to pay. Eligibility for “medically unable to pay” will be based on each encounter and will be approved for 100% assistance on the balance remaining.



## Application and Determination

The patient’s qualification for **Financial Assistance** will be determined through an application process. FAP information and applications are available at registration areas, or online at **www.mgh.net**.

Printed copies of the Financial Assistance Policy and Application may also be obtained by:

Calling Customer Service at (765) 660-6100 or (756) 660-7600 or presenting to Patient Financial Services office located at 513 N. River Road, Marion, IN 46952 or Physician’s Billing of MGH located at 330 N Wabash Suite G-20, Marion, Indiana 46952 or, requesting by mail in writing to:

Marion General Hospital  
PO Box 1169  
Marion, IN 46952

The patient must apply and comply with the requirements for any other possible Federal or State payer source. Assistance with the assessment and enrollment is provided as a service of the hospital free of charge to the patient by certified Indiana Navigators and Certified Application Counselors.

An application requires name, current address, valid contact information, and all names, relationship and ages of persons in household. The application requires the patient to list all gross income amounts and their sources.

Patient must cooperate in supplying all third-party insurance and liability information.

If the account is with a collection agency, the patient may still apply for FAP.

MGH will utilize the current Federal Income Poverty Guidelines (FPL) published by the U.S. Department of Health and Human Services.

300% of FPL = 100% Assistance

Documentation may be required to validate the information. An application for financial assistance may be applied to a period of time up to one year from the date of the application if there is no change in financial or other circumstances. MGH always reserves the right to request additional documentation or verification of application information at any time.