



## **Financial Assistance Policy – Plain Language**

Cincinnati Children's will care for anyone even if you cannot pay for care. Cincinnati Children's will not prevent you from getting emergency medical care. Cincinnati Children's does not need you to pay for treatment before getting emergency care.

Cincinnati Children's will give financial help for medically necessary services, as defined by Ohio Medicaid, to any patient who lives in the United States. Cincinnati Children's will work with eligible patients and families to find government health care programs that support them.

For a patient to get financial assistance under this policy, the patient must be either uninsured or insured by a health plan in which Cincinnati Children's is a participating provider or has a patient-specific single case agreement.

If the patient is a member of a plan for which Cincinnati Children's is not contracted, the financial assistance outlined will only apply to the out-of-pocket expenses from your deductible and co-insurance amounts.

### **Uninsured Patients**

If the patient is not covered by any form of medical insurance, they will get a discount of at least 49% on their bill and may qualify for a larger discount.

To qualify for free or discounted care, families of uninsured patients must complete a Financial Assistance Application.

- Uninsured patients with a family income at or below 200% of the Federal Poverty Level (FPL), as shown by the Financial Assistance Application, will qualify for free care and the bill will be discounted 100%.
- Uninsured patients with a family income between 200% and 300% of the FPL, as shown by the Financial Assistance Application, will qualify for a 75% discount on their bill.
- Uninsured patients with a family income above 300% of the FPL will get a 49% discount.

### **Insured patients**

If the patient has medical insurance, their insurance will be billed first and discounts will be applied to the balance of the bill, which is the part that the patient's family is responsible for paying.

To qualify for free or discounted care, families of insured patients must complete a Financial Assistance Application.

- Insured patients with a family income at or below 200% of the Federal Poverty Level (FPL), as shown by the Financial Assistance Application, will qualify for free care and the bill will be discounted 100%.
- Insured patients with a family income between 200% and 300% of the FPL, as shown by the Financial Assistance Application, will qualify for a 75% discount on their bill.
- Insured patients with a family income above 300% of the FPL will not receive a discount and will be responsible to pay their full balance.



Cincinnati Children's will make every effort to set up a payment plan for patient balances. If a payment plan is not possible, and further assistance is not possible, you will be billed by monthly statements. If you do not pay your bill, Cincinnati Children's may transfer your account to an outside collection agency to help us reach you to collect the balance.

Cincinnati Children's will not do any of the following:

- We will not make extraordinary efforts to collect unpaid bills for medically necessary services.
- We will not sell your debt.
- We will not make a report that could impact your credit rating.
- We will not delay or deny the patient follow-up care or additional care.
- We will not require payment before follow-up or additional care is given.
- We will not file a lawsuit against you, take your property, or place a lien or attachment on your property.

Information about the current FPL is available at

<http://www.cincinnatichildrens.org/patients/resources/financial-assistance/>.

You must complete our Financial Assistance Application to see if you qualify for financial help. To complete the application, you will need to show proof of your income, proof of your address, and documentation of family size. Applications are available in different languages from the following locations:

- Call a Family Financial Advocate at 513-636-4427 option 2. From 7:30-5:00 EST Monday –Friday. You can call after hours and leave a voice message. An advocate will call you back on the next business day.
- E-mail [FFA@cchmc.org](mailto:FFA@cchmc.org)
- Fax 866-300-0568
- Write to Cincinnati Children's Patient Financial Services, 3333 Burnet Avenue, MLC 11026, Cincinnati, Ohio 45229-3026
- Go online at <http://www.cincinnatichildrens.org/patients/resources/financialassistance/>  
Applications will be processed within 30 days after receipt of all required documents.