



JEFFERSON COMMUNITY HEALTH & LIFE PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

INTRODUCTION

Jefferson Community Health & Life (JCH&L) is committed to providing an exceptional healthcare experience for every patient, every time. The Hospital acknowledges the financial needs of patients and families who are unable to afford the charges associated with the cost of medical care. To manage its resources and responsibilities and to allow the Hospital to provide assistance to the greatest number of patients in need, the Board of Directors has established these guidelines for providing Financial Assistance.

ELIGIBILITY REQUIREMENTS

In order to be eligible for free care or care at a reduced rate, the patient and/or family must apply by completing a short questionnaire. Families applying for financial assistance will not be denied based upon race, color, religion, sex, gender identity, age, national origin, or marital status. The decision to provide financial assistance will be based on a review of the family's income, assets, and liabilities. Additional information may be requested and ultimately may affect the Hospital's decision.

The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient and/or parent. All patients will be treated for emergency medical conditions without discrimination and regardless of their eligibility for free or discounted care.

Financial assistance is generally determined by a sliding scale of total household income based on federal poverty guidelines. When total household income is less than 150% of the federal poverty guideline, a 100% discount from gross charges applies. When total household income is between 150% and 300% of the federal poverty guideline, a partial discount applies. No person eligible for financial assistance will be charged more for medically necessary care than amounts generally billed to individuals who have insurance covering such care (AGB). JCH&L determines AGB based on all Medicare, Medicaid, and private insurance claims paid in full to JCH&L over a 12-month period, divided by the associated gross charges for those claims. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance. Please refer to the full policy for a complete explanation and details.

WHERE TO OBTAIN INFORMATION

There are numerous ways that an individual may obtain information about the financial assistance policy application process, or obtain copies of the financial assistance policy or the application form:

- Download the information online at www.jchealthandlife.org (under Patient Resources, Patient Financial Information, then click Financial Assistance)
- Request the information by calling the JCH&L Business Office at 402-729-3351
- Request the information by mailing: Business Office, Jefferson Community Health Center, 2200 H Street, Fairbury, NE 68352

TRANSLATIONS

JCH&L's financial assistance policy, financial assistance policy application form, and plain language summary financial assistance policy will be translated for populations with limited English proficiency in accordance with Section 501(r) of the Internal Revenue Code.