

## **COMMONSPIRIT HEALTH Summary of Financial Assistance Policy**

CommonSpirit Health is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. This Summary describes the financial assistance available to help pay for medically necessary services provided by CommonSpirit Health Hospitals to those patients who meet certain income requirements.

### **Free Care:**

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level, you may be eligible to receive a 100% discount from your balance for eligible hospital services.

### **Discounted Care:**

- If you are uninsured or underinsured with an annual family income between 201-400% of the Federal Poverty Level, you may be eligible to have your balance for hospital services reduced to the Amount Generally Billed (AGB), which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

### **Eligibility:**

Assistance is offered to those whose annual family income falls within the categories above and have:

- An account balance totaling ten (\$10.00) dollars or more;
- Cooperated with efforts to exhaust all other payment options; and
- Completed a Financial Assistance Application and provided supporting documentation to verify income.

NOTE: In some cases, patients may be awarded financial assistance without a formal application. Details are outlined in the Financial Assistance Policy.

### **Fees charged patients eligible for financial assistance:**

If you are eligible for financial assistance under our Financial Assistance Policy, you will not be required to pay more than the Amount Generally Billed described above.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

### **Ready to take the next step?**

Complete the application and submit it to Eligibility and Enrollment Services.

The Financial Assistance Policy, Financial Assistance Application, and this Summary are available at <https://www.chisaintjosephhealth.org/saint-joseph-hospital-lexington>, in both English and Spanish.

To receive a free copy of these documents by mail or in person, to receive help completing the application, or to request a free copy of these documents translated into a language not described above, please contact:

**CHI Saint Joseph Health - Saint Joseph Hospital  
Eligibility and Enrollment Services  
1 Saint Joseph Drive, Lexington, KY 40504  
Phone: 855-715-4379  
Fax: 469-803-4627  
e-mail:CHIFA@coniferhealth.com**

These documents are also available in the Emergency Room, if any, and admissions areas of the hospital located near the main entrance (follow the signs to “Admitting” or “Registration”). Financial counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the Financial Assistance Application process. Financial counselors can also provide you with information regarding the Hospital Facility’s AGB percentage and how the AGB percentages were calculated. Our staff is located in the hospital’s Admitting area and can be reached at the telephone number listed above.