



Summary of Financial Assistance Policy

Ascension Providence has a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Providence has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Providence provides financial assistance for certain individuals who receive emergency or other medically necessary care from Providence Hospital. This summary provides a brief overview of Ascension Providence's Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance if you live in Mobile County. "Community" means for purposes of its Community Health Needs Assessment and this policy as Mobile County, Alabama. Mobile County, Alabama is the county of residence of approximately 83% of Providence's patients. A Patient will also be deemed to be a member of the Organization's Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another Ascension Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary care. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250 % of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 400 % of the Federal Poverty Level, you may receive discounted rates on a sliding scale. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are not eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact the Financial Counselors located within the Business Office at 251-633-1540.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/locations/alabama/almob/mobile-providence-hospital/financial-assistance> and at any Registration office or the Business Office located at Providence Hospital, 6801 Airport Blvd, Mobile, AL. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail to Providence Hospital, attn: Business Office, P. O. Box 851537, Mobile, AL 36685, online at <https://healthcare.ascension.org/locations/alabama/almob/mobile-providence-hospital/financial-assistance>, or by calling the Business Office at 251-633-1540.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact our Care representatives at the Business Office at Providence Hospital, Mobile, AL or by telephone at 251-266-1540.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application and instructions, and this plain language summary are available in the following languages on our website and upon request:

Spanish

Vietnamese