



St. Vincent's Health System Inc.

St. Luke's-St. Vincent's HealthCare, Inc, dba Ascension St. Vincent's Southside;
St. Vincent's Medical Center, Inc., dba Ascension St. Vincent's Riverside;
St. Vincent's Medical Center-Clay County, Inc., dba Ascension St. Vincent's Clay County
St. Vincent's Health System, Inc. dba Ascension St. Vincent's St. Johns County

Last Updated: 07/01/2024

Summary of Financial Assistance Policy

St. Vincent's Health System Inc., including the health ministries listed above, 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. St. Vincent's Health System Inc. has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, St. Vincent's Health System Inc., provides financial assistance for certain individuals who receive emergency or other medically necessary care from St. Vincent's Health System Inc. This summary provides a brief overview of St. Vincent's Health System Inc. Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance if you live in the Community defined as the (5) counties of Northeast Florida which include: Baker, Clay, Duval, Nassau, St. Johns and the ten (10) counties of Southeast Georgia which include: Appling, Bacon, Brantley, Camden, Charlton, Coffee, Glynn, Pierce, Ware and Wayne. 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. (You may have to pay a small flat charge for services.) Patients who are 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 Customer Service at (904) 308-7381.



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/Financial-Assistance/Florida> or contact Customer Service at (904) 308-7381

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 HOPE Program at (904) 308-7381.

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
Tagalog
Russian
Vietnamese
Serbo-Croatian
Arabic
French
Creole
Chinese
Portuguese