



## **Ascension St. Vincent**

### **St. Vincent Hospital and Healthcare Center, Inc. d/b/a Peyton Manning Children's Hospital at Ascension St. Vincent**

#### **Summary of Financial Assistance Policy**

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

#### **Who Is Eligible?**

You may be able to get financial assistance if you live in Peyton Manning Children's Hospital at Ascension St. Vincent primary service area, although not exclusive to, which is Marion County in Central Indiana. 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 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. Both Application and supporting documentation should be returned to the Financial Counseling/ Cashiers office or mailed to Ascension St. Vincent, PFS Dept/Self Pay Team/Confidential, 5763 Reliable Parkway, Chicago, IL 60680-5763.

#### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact Ascension St. Vincent Hospital, Financial Counselor, Main Entrance, or by phone at 317-338-2358.

#### **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/Indiana> and at all patient registration departments. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by calling Customer Service toll free ph# 866-435-2078. Additional information about the Financial Assistance Policy also is available at Ascension St. Vincent Hospital, Financial Counselor, Main Entrance, or by phone at 317-338-2358.

#### **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 Ascension St. Vincent Hospital, Financial Counselor, Main Entrance, or by phone at 317-338-2358.

**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, French, Chinese and Arabic**