### **Saint Thomas Health**

Saint Thomas DeKalb Hospital, LLC, dba Ascension Saint Thomas DeKalb; Saint Thomas Hickman Hospital, dba Ascension Saint Thomas Hickman; Saint Thomas Highlands Hospital, LLC, dba Ascension Saint Thomas Highlands; Saint Thomas River Park Hospital, LLC, dba Ascension Saint Thomas River Park; Saint Thomas Rutherford Hospital, dba Ascension Saint Thomas Rutherford; Saint Thomas Midtown Hospital; Saint Thomas Stones River Hospital, LLC, dba Ascension Saint Thomas Stones River; Saint Thomas West, dba Ascension Saint Thomas Hospital, Ascension Saint Thomas Midtown, Ascension Saint Thomas West, Ascension Saint Thomas Three Rivers

## **Summary of Financial Assistance Policy**

March 15, 2022

Saint Thomas Health dba Ascension Saint Thomas, 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 Saint Thomas has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Saint Thomas provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Saint Thomas. This summary provides a brief overview of Ascension Saint Thomas's Financial Assistance Policy.

## Who Is Eligible?

You may be able to get financial assistance if you live in the following counties: Cannon, Davidson, Dekalb, Hickman, Rutherford, Warren, White, Montgomery, Putnam, Sumner, Williamson, Wilson and Humphrey. 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<sup>1</sup>% 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<sup>13</sup>% of the Federal Poverty Level but does not exceed 400<sup>2</sup>% 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.]<sup>3</sup> 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.<sup>4</sup>

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

For help with a Financial Assistance Policy application, you may contact a member of our Financial Assistance Team at one of the numbers below based on the specific facility.

### **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/Tennessee] and at the specific contacts below. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by writing to: Ascension Saint Thomas Financial Assistance Department, P O. Box 380 Nashville, TN 37202. Additional information about the Financial Assistance Policy also is available by facility at the specific contacts below

# 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 Financial Assistance Team at one of the numbers below based on the specific facility.

## **Financial Assistance Contact Information**

Ascension Saint Thomas Midtown Hospital	615-284-5340
Ascension Saint Thomas Rutherford Hospital	615-222-6638
Ascension Saint Thomas West Hospital	615-222-6638
Ascension Saint Thomas Dekalb Hospital	877-348-7082
Ascension Saint Thomas Stones River	877-348-7082
Hospital	
Ascension Saint Thomas Highlands Hospital	877-348-7082
Ascension Saint Thomas River Park Hospital	877-348-7082
Ascension Saint Thomas Three Rivers	931-296-0251
Saint Thomas Hickman Hospital	931-729-6800
Saint Thomas Hospital for Specialty Surgery	615-341-7480
Ascension Medical Group	844-686-2555
Saint Thomas Emergency Medical Services	877-664-4076
Saint Thomas LabPlus	615-284-2773
Saint Thomas Center for Sleep	615-284-7537
Baptist Ambulatory Surgery Center	615-321-7730

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:

Arabic Korean Laotian Simplified Chinese Spanish Traditional Chinese Vietnamese