Financial Assistance Attachment D: Plain Language Summary

Lancaster General Health Financial Assistance Policy – Plain Language Summary

At Lancaster General Health (LG Health), we strive to provide quality healthcare to all individuals regardless of their ability to pay. To that end, LG Health's Financial Assistance Program (FAP) was designed to help families or individuals without insurance or with insufficient insurance coverage who are unable to pay for their care. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

<u>Eligible Services</u> - Emergency or other medically necessary healthcare services provided by LG Health. The FAP only applies to services billed by LG Health. Other services which are separately billed by other providers are not eligible under the FAP.

<u>Eligible Persons</u> - Patients receiving eligible services, who submit a complete Financial Assistance application (including related documentation/information), and who are determined eligible for Financial Assistance by LG Health.

<u>How to Apply</u> – The FAP and FAP application may be obtained/completed/submitted as follows:

- At the LG Health Admitting Area or Emergency Room desk
- Request documents be mailed by contacting a Financial Counselor at 717-544-1957
- Download the documents from the LG Health website:

https://www.LGHealth.org/Financial-Assistance

 Completed applications (with all documentation/information specified in the application instructions) can be dropped off at the Cashier & Patient Financial Services Office at 555 N. Duke Street, Lancaster, PA or mailed to the following address:

> Lancaster General Health Attn: PFS, Customer Service Dept. FA Program PO Box 3555 Lancaster, PA 17604-3555

<u>Determination of Financial Assistance Eligibility</u> – Eligibility is determined based on total household income and additional financial resources to determine whether the family income is at or below 400% of the Federal Government's Federal Poverty Guidelines. Eligibility for Financial Assistance means that eligible persons will have their care paid for fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons, as further defined within the LG Health Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information. Applicants are mailed a letter stating they have 14 days to submit the missing documentation/information. In the event the documentation/information is not obtained by LG Health, the request for assistance will be denied.

The Plain Language Summary, the Financial Assistance Policy, and the Financial Assistance application are available in English, Spanish, and Vietnamese upon request or via the website listed below. The available languages are based on the primary languages spoken by the LEP populations within the community being the lesser of 1,000 or 5 percent of the community served threshold.

For any questions regarding the application or the Financial Assistance requirements, please contact a Financial Counselor at 717-544-1957 or visit the Cashier & Patient Financial Services Office located at 555 N. Duke Street, Lancaster, PA. Information is also available on the website at www.LGHealth.org/Financial-Assistance.

Effective Date: 07/01/2017