

### PHOEBE FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY

# **Financial Assistance Offered**

Phoebe's mission is to deliver the best possible care and to exceed the expectations of all we serve. As part of this mission, Phoebe offers financial assistance through its Financial Assistance Policy to patients unable to pay for emergency or medically necessary care.

### **Eligibility Requirements and Assistance Offered**

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, and any special consideration the patient or physician would like to have considered.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.Patients must fully comply with the application process, including submitting tax returns, bank statements and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid or other governmental programs.

#### How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application.Individuals may apply for financial assistance under the Phoebe Financial Assistance Policy by mailing a completed application, along with proof of household income. Patients may also call or visit one of the location listed to receive assistance with the application process.

Financial assistance is limited to medical care provided at a Phoebe hospital location and by Phoebe medical personnel. Expenses such as travel, food, lodging, durable medical equipment, and prescriptions are not covered under the Financial Assistance Policy. Phoebe will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

#### Where to Obtain Copies

A free copy of the Hospital's financial assistance policy and the application forms are available on the Phoebe website at www.phoebeputney.com. Copies of the policy are also available at hospital registration sites and emergency department locations. Copies of this information are also available by mail by contacting us at (229) 312-4220 or toll free at (866) 514-0015. The Phoebe financial assistance team is available to answer questions and provide information about the financial assistance policy and to assist you with the application process.

## No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than ABG for emergency or other medically necessary care to patients who have insurance for such care. In addition, you will never be required to make advance payment or other payment arrangements in order to receive emergency services. However, in most other situations you may be required to make a substantial advance deposit or other payment arrangements based upon an estimate of the ABG in order to receive non-emergency services.

#### **Collection Actions**

Phoebe may take, or authorize a third party collection agency or law firm to take, certain actions related to obtaining payment of a bill for medical care, including the following ("extraordinary collection actions"):

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- 1. Phoebe may defer or reschedule non-emergent services, if clinically appropriate after discussion with the treating physician, until payment is received or payment arrangements are made.
- 2. Phoebe may report unpaid debts to external collection agencies, credit reporting agencies and/or credit bureaus.
- 3. Actions that require legal or judicial process including, but not limited to:
  - Commencing a civil action or lawsuit against the patient or responsible individual;
  - Garnishing an individual's wages after securing a court judgment;
  - Attaching or seizing an individual's bank account, other personal property, or other judgment enforcement action permissible under state law after securing a judgment.

Neither Phoebe nor a collection agency or law firm will commence extraordinary collection actions prior to 30 days from the date of the enclosed billing statement or 120 days after the date of the first post-discharge billing statement for the applicable medical care received, whichever date occurs later, and only after making reasonable efforts to determine whether an individual is eligible for assistance under the financial assistance policy.

### **Contact for Information and Assistance**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from any of our hospital locations:

# Phoebe Putney Memorial Hospital

Phoebe Financial Counseling Dept.
Phoebe Putney Memorial Hospital
417 Third Avenue
P.O. Box 3770
Albany, GA 31706-3770
229-312-4238 229-312-4225 (fax)
Hours of Operation
By telephone at 229-312-4220 or 866-514-0015 from 8:30AM-4:30PM, Monday-Friday

# Phoebe Sumter Medical Center

Phoebe Financial Counseling Dept. Phoebe Sumter Medical Center 126 Highway 280 West P.O. Box 527 Americus, GA 31719 229-931-1289 229-931-7199 (fax) Hours of Operation By telephone at 229-931-1259 from 8:30AM-4:30PM, Monday-Friday

# Phoebe Worth Medical Center

Phoebe Worth Medical Center 807 S Isabella Street P.O. Box 545 Sylvester, GA 31791 229-776-6961 229-776-7062 (fax) Hours of Operation By telephone at 229-776-6961 from 8:00AM-4:00PM, Monday-Friday