

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT ALL CLINICS OWNED AND OPERATED BY BANNER HEALTH (BH)

Banner Health offers Financial Assistance Programs to Uninsured, Underinsured and Medically Indigent patients. This policy only applies to Banner hospitals and clinics and not to other BH facilities such as ASCs, imaging, urgent care or Emergency room doctors not billed by Banner. An Uninsured Patient means a patient without benefit of health insurance or government programs that may be billed for Covered Services provided to them based on Federal Poverty Level (FPL) guidelines, not otherwise excluded from this policy. An Underinsured Patient means a patient with qualified insurance coverage with significant limitations or co-responsibility. A Medically Indigent Patient means a patient with family medical expenses for a given calendar year which exceeds 50% of the household's total income.

If you are an Uninsured patient, you may qualify for a discounted rate if you do not meet the qualifications for the Financial Assistance Program based on Federal Poverty Level guidelines. Qualification for the discounted care means, you will be charged 70% of charges for the medically necessary services you receive, if you had been insured.

If you are an Uninsured patient, you will qualify for BH Financial Assistance (1) if you have an annual household income and household size that is equal to or less than 400% of the Federal Poverty Level and lack other assets to pay the full charges and, (2) if requested to do so, you apply for Medicaid/AHCCCS, fully cooperate in the application and determination process, or are unable to reasonably complete the application process, and are denied Medicaid/AHCCCS coverage.

If you are an Underinsured patient, you may qualify for BH Financial Assistance for Underinsured/Balance After Insurance discount. You will need to apply for consideration and meet both combined Hospital and clinic bill balance requirements stated in the Financial Assistance Policy and Federal Poverty Level guidelines.

If you qualify for BH Financial Assistance, you will in no case be charged more than the discounted rate for emergency services or other medically necessary physician services billed by Banner Health. In addition, you will never be required to make advance payment or other payment arrangements to receive emergency services. However, to receive non-emergency services, you will be required in most situations to make a substantial advance deposit or other payment arrangements based upon an estimate of the service to be provided.

A free copy of the financial assistance policy, the billing and collections policy, and the application forms are available on the Banner website at Bannerhealth.com. Copies are also available by mail by contacting Banner Health Physician Billing Office at 480-684-7409. The Banner Patient Financial Services staff is available to answer questions and provide information about the Financial Assistance Programs, Spanish and other translations of this Summary, the Physician's financial assistance and billing policies, and the applications forms are available on the Banner and Hospital websites and in the Clinic Registration area. They may also be requested by contacting the Physician Billing Office at 480-684-7409 or, if outside Arizona (855) 244-7460.

BANNER HEALTH**Sliding Fee Schedule (Based on 2019 Federal Poverty Guidelines)**

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	0 - 200%	201 - 300%	301 - 400%	> 400%
Family Size	100% Discount	75% Discount	50% Discount	0% Discount
1	\$24,280	\$36,420	\$48,560	\$48,561
2	\$32,920	\$49,380	\$65,840	\$65,841
3	\$42,560	\$62,340	\$83,120	\$83,121
4	\$50,200	\$75,300	\$100,400	\$100,401
5	\$58,840	\$88,260	\$117,680	\$117,681
6	\$67,480	\$101,220	\$134,960	\$134,960
7	\$76,120	\$114,180	\$152,240	\$152,241
8	\$84,760	\$127,140	\$169,520	\$169,521