

## **SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT ALL HOSPITALS 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 not to other BH facilities such as ASCs, imaging or urgent care. 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 1.25 x AGB (Amounts Generally Billed,) which is based upon the average of the amounts that would have been paid to the Hospital by private health insurers and Medicare (and co-pays and deductibles) 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 Hospital's full charges and, (2) if requested to do so by the Hospital, 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 Hospital 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 Amounts Generally Billed for emergency services or other medically necessary services. 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 Amounts Generally Billed.

A free copy of the hospital's financial assistance policy, the billing and collections policy, and the application forms are available on the Banner website at [Bannerhealth.com](http://Bannerhealth.com). Copies are also available by mail by contacting Banner Patient Financial Services at (480) 684-7409 or, if outside Arizona (855) 244-7460. The Banner Patient Financial Services staff is available to answer questions and provide information about the Financial Assistance Programs, the application process and nonprofit organizations and government agencies that can assist with these applications. Spanish and other translations of this Summary, the Hospital's financial assistance and billing policies, and the applications forms are available on the Banner and Hospital websites and in the hospital's Admitting area. They may also be requested by contacting the Banner Patient Financial Services staff at (480) 684-7409 or, if outside Arizona (855) 244-7460.