

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS AT BANNER LASSEN MEDICAL CENTER

Banner Lassen Medical Center (BLMC) offers a Basic and an Enhanced Financial Assistance Program to uninsured patients and insured patients with high medical costs. An uninsured patient is someone who does not have any health coverage at all, whether through insurance or any government program, and who does not have any right to be reimbursed by anyone else for their healthcare expenses. An insured patient with high medical costs is someone whose family income is less than 350% of the Federal Poverty Level and whose annual out-of-pocket medical costs (either at BLMC alone, or together with all other medical expenses paid in the prior 12 months) exceed 10% of the family's income.

If you are an uninsured patient or a patient with high medical costs, you will qualify for the Basic Program if you have an annual family income of less than 350% of the Federal Poverty Level. If you qualify for the Basic Program, you will be charged the amount that BLMC would receive from Medicare for your services (together with co-pays and deductibles) if you had been covered by Medicare, or the balance you owe under your insurance coverage (if any), whichever is less.

If you are an uninsured patient, you will qualify for the Enhanced Program (1) if you have an annual household income equal to or less than 200% of the Federal Poverty Level and lack other assets to pay BLMC's full charges and, (2) if requested to do so by the hospital, you apply for Medi-Cal, fully cooperate in the application and determination process, and are denied Medi-Cal coverage. If you qualify for the Enhanced Program, emergency services will be provided to you free of charge. You will be charged for other medically necessary services at the same amount as BLMC would have received from Medicare (together with co-pays and deductibles).

You will never be required to make advance payment or other payment arrangements in order to receive emergency services. In most other situations, you will be required to make a substantial advance deposit or other payment arrangements, or agree to or accept an extended payment plan for payment over time of your account. If BLMC and you cannot agree upon an extended payment plan, then BLMC will offer you a monthly payment plan with payments that are not more than 10% of your family's monthly income, excluding deductions for essential living expenses, including rent, house payments and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses (including insurance, gas and repairs), installment payments, laundry and cleaning, and extraordinary expenses.

A free copy of the BLMC financial assistance policy, the billing policy, and the application forms are available on the Banner website at www.Bannerhealth.com, and select the "Facility" tab for BLMC. Copies are available at BLMC in the Admitting area located near the main entrance of BLMC (located at **1800 Spring Ridge Drive, Susanville, CA 96130** and follow the signs to "Admitting" or "Registration"). Copies of this information are also available by mail by contacting Banner Patient Financial Services at 480-684-7409.

The Banner Patient Financial Services staff is available to answer questions and provide information about the Basic and Enhanced Programs, the application process and nonprofit organizations and government agencies that can assist with these applications.

Spanish 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 530-252-2251.