PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

OVERVIEW

The Hospital is committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, underinsured, not eligible for a government program, or do not qualify for governmental assistance (for example, Medicare or Medicaid). The Hospital strives to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of the Hospital's Financial Assistance Policy (FAP).

Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services at the Hospital.

Eligibility Requirements

Financial assistance is generally determined by total household income based on the *Federal Poverty Level (FPL)*. If you and/or the responsible party's income combined is at or below 250% of the federal poverty guidelines, you may get discounted rates for the care given by the provider. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If you have insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance.

Where to Find Information

There are many ways to find information about the FAP application process, or to get free copies of the FAP or FAP application form. To apply for financial assistance, you may:

- Download online at https://www.riverbendhospital.com/financial-information.
- Request the information in writing by mail at 2900 N. River Rd, West Lafayette, IN 47906
- Request the information by calling River Bend Hospital at **765-464-0400**.

Availability of Translations

The Financial Assistance policy, application form, and the plain language summary can be offered in English and Spanish. The Hospital may help through use of qualified bilingual interpreter by request.

For information about the Hospital's Financial Assistance Program and translation services, please call for a representative at **765-464-0400**

How to Apply

The application process involves filling out the financial assistance form and submitting the form along with the supporting documents to the Hospital for processing. You may also apply in person by visiting the Hospital at the address listed below. Financial assistance applications are to be submitted to the following office:

River Bend Hospital
2900 N. River Rd
West Lafayette, IN 47906