



Summary of Financial Assistance Policy

For Methodist Hospital & Methodist Children's Hospital, Methodist Hospital | Specialty and Transplant, Methodist Hospital | Metropolitan, Methodist Hospital | Teksan, Methodist Hospital | Northeast, Methodist Hospital | Stone Oak, Methodist Hospital | Atascosa, Methodist Hospital | Hill Country, Methodist Hospital | Landmark, Methodist Hospital | Westover Hills, Methodist Hospital

As part of our mission, Methodist Healthcare provides care to patients without financial means to pay for hospital services. Care will be provided to all patients who present themselves for care at any Methodist Healthcare facility without regard to race, creed, color or national origin and who are classified as financially or medically indigent.

A financially indigent person is one who is uninsured or underinsured and is accepted for care with no obligation or discounted obligation to pay for services based on income and family size. The hospital uses poverty income guidelines issued by the U.S. Department of Health and Human Services to determine a person's eligibility for charity care.

A medically indigent patient is a person whose medical and hospital bills after payment by third party payers exceeds 10 percent of the person's annual gross income and the person is unable to pay the remaining bill. Methodist Healthcare may consider other financial assets and liabilities of the patient when determining ability to pay.

Financial assistance with respect to emergency and medically necessary care may be available to patients who do not qualify for state or federal assistance. In most cases, patients that fall below 200 percent of the federal poverty guidelines based on total household income may receive 100 percent of their bill forgiven (subject to income verification/documentation requirements). In certain cases, other discounts ranging from 40 to 90 percent may apply if the patient's total household income is over 200 percent and not more than 500 percent of the federal poverty guidelines.

Further eligibility and assistance information, a free copy of our financial assistance policy, the financial assistance application form and a plain language summary of the financial assistance policy (in either English or Spanish) are available by written request to the following address:

Texas Shared Service Center
PO Box 292369
Nashville, TN 37229-2369

or you may go to our website at: www.sahealth.com and click on "Charity Care."

You may apply for financial assistance by completing the application referenced above and submitting it at the address above.



If you are eligible for financial assistance, the amount charged for emergency or other medically necessary care will not exceed amounts generally billed to patients with insurance.

Additional information concerning Methodist Healthcare's financial assistance program and how to apply for financial assistance can be obtained from the business office at:

Texas Shared Service Center
PO Box 292369
Nashville, TN 37229-2369

Or, you can call each location at:

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| • Methodist Hospital | 866-391-2019 |
| • Methodist Children's Hospital | 866-391-2019 |
| • Methodist Hospital Texsan | 866-291-3650 |
| • Methodist Hospital Specialty and Transplant | 866-391-2013 |
| • Methodist Hospital Metropolitan | 866-391-2014 |
| • Methodist Hospital Northeast | 866-391-2016 |
| • Methodist Hospital Stone Oak | 866-329-9475 |
| • Methodist Hospital Atascosa | 855-890-3305 |
| • Methodist Hospital Hill Country | 844-919-3881 |
| • Methodist Hospital Landmark | 833-839-7148 |
| • Methodist Hospital Westover Hills | 844-608-2321 |

Patient/Representative Signature: _____

Date: _____

Witness Signature: _____

Date: _____