

FINANCIAL ASSISTANCE:

You may qualify for full or partial Financial Assistance from LifeBridge Health. To qualify for full assistance, you must show proof of income up to 300% of the federal poverty guidelines; income between 301% - 500% may qualify you for Financial Hardship Reduced Cost Care, limiting your liability to 25% of your gross annual income. Eligibility is calculated based on the number of people in the household and extends to any immediate family member living in the household. You may also qualify for presumptive eligibility if you are a beneficiary/recipient of a means-tested Federal, State or Local social service program. Financial Assistance covers uninsured and under-insured patients. Approvals are granted for twelve months. Patients are encouraged to re-apply for continued eligibility. An individual eligible for Financial Assistance cannot be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care.

Where to Find Information - To obtain a Financial Assistance application and cover letter: 1) ask any member of Registration 2) visit our Customer Service Representatives in the main lobby of the Hospital 3) call Customer Service at (800) 788-6995 (Monday - Friday 7:30 AM – 5:00 PM) 4) visit www.lifebridgehealth.org

How to Apply - Complete the Financial Assistance application available online or at any registration area and return the application and required documentation to Customer Service at the Hospital or by mail to: LifeBridge Health, Inc., Financial Assistance Representative, 2401 West Belvedere Avenue, Baltimore, Maryland 21215.

Payment Plans – Interest free monthly payment plans are available without application and no service charges to those who are uninsured. Monthly payment plan amounts must not exceed 5% of an individual monthly adjusted gross income and are available with no credit screening after a quick and easy paperless enrollment. Visit www.lifebridgehealth.org or call Customer Service for more information. Governing Law: This agreement/payment plan is made pursuant and subject to Subtitle 10 of Title 12 of the Commercial Law Article of the Annotated Code of Maryland.

Maryland Medical Assistance (Medicaid) – For information, call the Department of Health and Mental Hygiene (DHMH) Recipient Relations Hotline at (800) 492-5231 or your local Department of Social Services at (800) 332-6347 or on the web at www.dhr.state.md.us. LifeBridge Health Patient Representatives can also assist you with the Maryland Medical Assistance application process.

Patient's Rights and Responsibilities – You have the right to receive information about hospital and physician charges and ask for an estimate of hospital charges before care is provided, as long as your care is not impeded. Patients admitted to the hospital will receive a Uniform Summary Statement within thirty days of discharge. You have the right to receive an itemized statement and explanation of charges. You are responsible to provide correct insurance information, pay your hospital bill timely and contact the hospital if you are unable to pay. Failure to pay or make satisfactory payment arrangements may result in your account being referred to a collection agency.

ADDITIONAL IMPORTANT INFORMATION:

Physician charges to hospital inpatients and outpatients are generally not included in the hospital bill and are billed separately.

LifeBridge Health, Inc. is permitted to bill outpatients a fee, commonly referred to as a “facility fee,” for their use of hospital facilities, clinics, supplies, and equipment and non-physician services, including but not limited to the services of non-physician clinicians, in addition to physician fees billed for professional services provided in the hospital.

Patients have the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided and billed for by LifeBridge Health, Inc.

Patients and their authorized representatives have the right to file a complaint with the Health Services Cost Review Commission (HSCRC) or jointly with the Health Education and Advocacy Unit of the Maryland Attorney General's Office (HEAU) against a hospital for an alleged violation of Maryland law regarding financial assistance and debt collection (MD Code, Health-General Article, §§19-214.1 & 19-214.2). The HEAU is located at 200 Saint Paul Place, Baltimore, Maryland 21202-2021 and can be contacted as follows: phone (410-528-1840 or 1-877-261-8807); email (heau@oag.state.md.us); fax (410-

576-6571); or website (www.marylandattorneygeneral.gov/pages/cpd/heau/default.aspx). Complaints can be sent to the HSCRC by email at hsrc.patient-complaints@maryland.gov. The HSCRC can also be contacted at 410-764-2605 or 1-888-287-3229 and found online at hsrc.maryland.gov/Pages/default.aspx.

I have been made aware of the LifeBridge Health Inc., Hospital Financial Assistance Policy: _____ (Patient's or Representative's Initials)

_____ (Date) _____ (Relationship to patient if representative initialed above)