



Dear Patient:

Plain Language Summary of the Financial Assistance Policy: It is the policy of UC Health to provide financial assistance to patients in need. UC Health will extend medical services at no cost, or at a reduced amount, to an individual who is eligible under the financial assistance policy (FAP). A copy of the FAP can be request by calling (513) 585-6200 or (800) 277-0781 or you can visit our website at <http://uchealth.com/financial/financial-assistance/> for downloadable copies. In accordance with the law, UC Health will always provide medical screening and necessary stabilizing treatment to patients in a hospital emergency department even if they cannot demonstrate the ability to pay for that care.

Financial Assistance Eligibility: UC Health provides full or partial financial assistance to people whose family income is at or under the income guidelines listed below. Patients eligible for financial assistance will not be charged more for medically necessary care than the amounts generally billed (AGB) to patients who have insurance.

Eligibility depends upon meeting:

- Cooperation with applying for Medicaid.
- Being deemed ineligible for Medicaid
- Income qualifications as outlined below.
- Residency

Applying for Financial Assistance: UC Health’s Financial Assistance Policy (FAP) documents (including the policy, summary, and application) are available on our website at <http://uchealth.com/financial/financial-assistance/> and free paper copies are available in the hospital’s emergency room and registration areas. A free copy of the documents can also be requested by mail by calling the phone numbers listed below. Copies of this summary and the financial assistance application are available in English and Spanish.

To determine if you may be eligible for available financial assistance programs, you must provide a completed Financial Assistance Application, along with a copy of one (1) of the documents from each category listed on the back of this letter as soon as possible. Upon receipt, we will process your application and notify you of our determination.

Family Size	Federal Poverty Guidelines	Max Income for 100%	Max Income for 80%	Max Income for 75%
1	\$15,960	\$23,940	\$47,880	\$63,840
2	\$21,640	\$32,460	\$64,920	\$86,560
3	\$27,320	\$40,980	\$81,960	\$109,280
4	\$33,000	\$49,500	\$99,000	\$132,000
5	\$38,680	\$58,020	\$116,040	\$154,720
6	\$44,360	\$66,540	\$133,080	\$177,440
7	\$50,040	\$75,060	\$150,120	\$200,160
8	\$55,720	\$83,580	\$167,160	\$222,880

For family units of more than 8 people, add \$5,500 for each additional person to determine Federal Poverty Guideline. Guidelines are as published by US Health & Human Services in the Federal Registry.

Mailing Address for FAA Applications & Supporting Documentation:

UC Health
Patient Financial Services – Correspondence Unit
3200 Burnet Ave.
Cincinnati, OH 45229-9983

Financial assistance is not health insurance and does not meet the criteria for health insurance as defined by the Affordable Care Act. Financial assistance approvals are valid only for balances not covered by a third party. Financial assistance does not cover balances resulting from your failure to follow through with requests for information from your insurance company or failure to cooperate with the Medicaid application process.

Medicaid recipients are not eligible for financial assistance. Financial assistance cannot be used to cover services if you receive Medicaid coverage through an insurance company that is not in network for UC Health.

If you have any questions, please call (513) 585-6200 or (800) 277-0781. If you believe you are not eligible for financial assistance under the above programs, Customer Service can discuss other program qualifications or payment arrangements with you at that time.

Thank you for choosing UC Health for your medical care.

All patients/guarantors who receive a Financial Statement application must complete and return the application, along with the following documents that serve as the minimum information necessary to process an application for financial assistance. UC Health reserves the right to request additional documentation before finalizing a request for assistance:

Proof of Income	Proof of Residency
If you are claiming that you have no income, a sworn statement from the person providing you with basic financial support, validating your lack of income, must be completed.	Driver's license or vehicle registration - matching your current address.
Check stubs for three months prior to the date of service (including payroll, Social Security, Worker's Compensation, unemployment compensation, etc.) or comparable payment record. If you are self-employed, please send a notarized statement of income and expenses for the three-month period prior to the date of service.	Letters from lease management, mortgage companies, or people providing the patient with shelter, including homeless shelters.
A letter from your employer setting forth compensation details on official employer letterhead with contact information.	Rent receipts for rent paid within 60 days of when the services are rendered.
Court support order.	Mortgage statement.
Copy of benefit letter / check (ex. Social Security Benefit Letter).	Utility bill, credit card bill or bank statement postmarked or dated by the issuer within 60 days of when the services are rendered.
Letter from tenant setting forth rental income.	Copy of the most recent Hamilton County property tax bill.
Strike pay.	Voter registration.
We DO NOT accept tax returns, bank statements, Forms 1099, Forms W-2, etc. as proof of income.	Confirmation of address if hospital staff makes a home visit.