



FINANCIAL ASSISTANCE POLICY SUMMARY

Overview:

Jefferson Hospital is committed to ensuring the medical care is available for those residents of our community who may not be able to afford medical care and who may not have any insurance or adequate insurance. The Jefferson Hospital financial assistance policy exists to provide eligible patients with partially or fully discounted care in the case of emergency care and other medically necessary care. Patients seeking financial assistance must complete an application to determine whether they are eligible.

Eligible Patients and Care:

Patients who live in households with household income levels that are between 0-250% of the Federal Poverty Guidelines are eligible to receive free or discounted care for certain services. Further, in certain catastrophic cases, patients with household incomes that exceed 250% of the Federal Poverty Guidelines, where the patient is medically indigent or has unusual financial circumstances, such as catastrophic illness or accident, are evaluated based on their financial situation. Eligible services include emergency care and other medically necessary care, but do not include elective medical care.

Where Can You Obtain a Full Copy of the Financial Assistance Policy?

You may obtain a full copy of Jefferson Hospital's Financial Assistance Policy as well as the application and instructions to determine eligibility online at www.jeffersonhosp.com under the "Patients and Visitors Tab". You may also obtain a full copy of Jefferson Hospital's Financial Assistance Policy and application in hard copy form at the Registration Desk. You may also call (478) 625-7000 ext. 1238 to request that a hard copy be mailed to you. A Spanish version of the Financial Assistance Policy and Application will be available upon request.

How Do You Apply for Assistance?

You may apply for assistance under the financial assistance policy using Jefferson Hospital's Financial Assistance Policy application and by providing all documentation listed in Jefferson Hospital's Financial Assistance Policy application. The application is available online at www.jeffersonhosp.com under the "Patients and Visitors" tab or in hard copy form by calling (478) 625-7000 ext. 1238 or by going to the Registration Desk. If you are in need of financial assistance, please complete the application and return the application with the supporting documentation listed in the application to Jefferson Hospital at:

Jefferson Hospital
Attn: Financial Assistance
1067 Peachtree Street
Louisville, Georgia 30434

Where Can You Obtain Assistance in Completing Your Application?

For assistance in completing your eligibility application, please contact (478) 625-7000 ext. 1238. The application is available in English, a translation line is available, if necessary.