

# Bon Secours Health System, Inc.

## Financial Assistance Summary Sheet

The Mission of Bon Secours Health System Inc., (BSHSI) is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay. BSHSI provides financial assistance for both the insured and uninsured patient who receives emergency or other medically necessary care from any of our hospital facilities.

### **Who qualifies for financial assistance?**

BSHSI' Financial Assistance Policy ("FAP") provides 100% financial assistance for emergency or other medically necessary care to qualifying uninsured and insured patients with an annual gross family income at or below 200% of the current Federal Poverty Guidelines (FPG). BSHSI also offers a discounted rate to patients whose family gross income is between 201% and 400% of the FPG. An FAP eligible individual or an uninsured individual that does not qualify for financial assistance will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care to patients who have insurance for such care.

### **How to apply for financial assistance?**

Individuals who have concerns about their ability to pay for emergency and medically necessary care may request financial assistance. To apply for financial assistance, a patient (or their family or other provider) should fill out our Financial Assistance Application. Copies of the Financial Assistance Application and the FAP may be obtained for free by calling our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500. The Financial Assistance Application and FAP may also be obtained for free by mail by sending a request to Bon Secours Financial Assistance Program P.O. Box 742431 Atlanta GA, 30374-2431. Finally, the Financial Assistance Application and FAP may be obtained for free by downloading a copy from our website at [www.fa.bonsecours.com](http://www.fa.bonsecours.com).

### **Where can I receive help in filling out the Financial Assistance Application?**

Individuals who need assistance in completing the Financial Assistance Application may call the customer service department at the telephone numbers listed above.

### **What services are covered?**

All emergency medically necessary services are covered under the FAP, including outpatient services, inpatient care, and emergency room services. Non-eligible services such as elective non-medically necessary procedures, cosmetic and flat rate procedures, patients who choose not to use their insurance, durable medical equipment, home care, services provided as a result of an accident, and prescription drugs are not covered by the financial assistance program. If services provided as a result of an accident are not covered by a third party, patients may apply for financial assistance. Charges from doctors and specialists who are not employed by BSHSI and who provide services in the hospital may not honor the BSHSI financial assistance program. You should discuss with your doctor or visit our web site at [www.fa.bonsecours.com](http://www.fa.bonsecours.com) to determine if your doctor participates in the BSHSI financial assistance program.

### **What if I have questions or need assistance completing the application?**

If you need assistance you may contact a financial counselor or cashier located at our hospitals or call our customer service department at (Local) 804-342-1500 or (Toll Free) 877-342-1500. Assistance may also be obtained by visiting any of our hospital registration areas as well as meeting with any of our financial counselors or cashiers located at our hospitals. For non-English speaking patients, translations of this document, the FAP and the Financial Assistance Application are available in several languages, including English and Spanish. Please call the above numbers or visit our website at [www.fa.bonsecours.com](http://www.fa.bonsecours.com) to download translations of this plain language summary, the BSHSI FAP and the Financial Assistance Application.