



## ***Financial Assistance Policy – Plain Language Summary***

### **Mammoth Hospital**

#### **Financial Assistance Offered**

Mammoth Hospital —offers financial assistance through its Financial Assistance Policy to patients unable to pay for emergency or medically necessary care.

#### **Eligibility Requirements and Assistance Offered**

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment, income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, and any special consideration the patient or physician would like to have considered.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.

Patients must fully comply with the application process, including submitting tax returns, bank statements and pay stubs, as well as completing the application process for all available sources of assistance, including governmental programs or through Covered California.

#### **How to Apply for Assistance**

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application.

Financial assistance is available at a Mammoth Hospital and Physician Clinic. Mammoth Hospital will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

#### **Where to Obtain Copies**

Mammoth Hospital Financial Assistance Policy and Application are available by calling Patient Financial Services at 760-924-4080 or 1-800-753-0414 and requesting a copy by mail or email. The policy and application are also available online at [www.mammothhospital.com](http://www.mammothhospital.com) for downloading and printing. Copies of the policy and application are also available at Admissions and Patient Financial Service areas at Mammoth Hospital.

English and Spanish translations are available at all locations.

#### **Contact for Information and Assistance**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from our Patient Financial Counselor:

- You may contact them at 760-924-4080 or 1-800-753-0414 or by visiting a Patient Financial Counselor at Mammoth Hospital.

#### **No More Than Amount Generally Billed (AGB)**

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.