

**Memorial Health System  
Financial Assistance Policy – Plain Language Summary  
2016**

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**Financial Assistance Policy**

The Memorial Health System (MHS) Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted emergency or other medically necessary healthcare services provided by MHS. MHS includes Marietta Memorial and Selby General Hospitals and affiliated providers and will be referred to as “MHS” in this policy. Patients seeking Financial Assistance must apply for the program, which is summarized below.

**Eligible Services** - Emergency or other medically necessary healthcare services provided by MHS and billed by MHS. This FAP only applies to services billed by MHS, Medac (anesthesia), Riverside Radiology (imaging), and Professional Billing Services (lab). Other services which are separately billed by other providers, such as physicians or laboratories, are not eligible under this FAP.

**Eligible Patients** - Patients receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by MHS.

**How to Apply** – The FAP and Application Form may be obtained/completed/submitted as follows:

- Applications are available at both hospitals; please see Main Registration or Financial Counseling.
- Requested application/policy can be mailed to you by calling a financial counselor at (740) 568-5263.
- Download the application/policy from the MHS website at: [www.mhssystem.org](http://www.mhssystem.org)
- Mail completed applications (with all documentation/information specified in the application instructions to: Marietta Memorial Hospital, Financial Advocate, 401 Matthew Street, Marietta Ohio 45750.
- Please contact a financial counselor at any of the above for assistance in completing the application or if translation of these of these documents are needed in another language.

**Determination of Financial Assistance Eligibility** – Financial assistance is generally determined by a sliding scale of total household income based on the Federal Government’s Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). Financial Assistance levels, based solely on Family Income and FPG, are:

Family Income at 0 to 200% of FPG - Full Financial Assistance; \$0 is billable to the patient depending on family size. Partial Financial Assistance - AGB is maximum billable to the patient up to 200% of FPG depending on family size.

Other criteria beyond FPG may also be considered, which may result in exceptions to the preceding. If no family income is reported, information will be required as to how daily needs are met. The MHS financial counselors review submitted applications and determine Financial Assistance Eligibility in accordance with MHS’s Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information as requested. MHS can assist in establishing a payment plan for any remaining charges or bills that are not covered under the FAP.