

## Financial Assistance to Help with Your Bills

Beaufort Memorial Hospital will provide financial assistance for patients who receive medically necessary services and meet the eligibility requirements under the policy. If eligible for financial assistance, patients will receive up to a 100% discount. The financial assistance program does not cover elective services.

### How do I apply?

You may obtain copies in English or Spanish of the financial assistance policy, the billing and collection policy, an application for financial assistance, and a Plain Language Summary of the financial assistance policy by:

- Visiting the Beaufort Memorial Hospital website: www.bmhsc.org
- Visiting the Patient Financial Services office at Beaufort Memorial Hospital at the following address: 990 Ribaut Rd, Beaufort, SC. Customer Service Reps can provide assistance with completing the application.
- Calling Customer Service at 843-522-5150 and requesting a free copy of the policy and an application be mailed to you.

#### Am I eligible?

In order to qualify for Financial Assistance, all of the following conditions must be met:

- The patient must be unable to access other programs that would cover medical expenses.
- The patient's annual family Income must be less than 320% of the current year federal poverty guidelines.
- The patient must not have substantial cash assets.

- The patient must not have declined health insurance through an employer.
- The patient must not be ineligible for government-sponsored coverage because of noncompliance with requirements.
- The service must be considered medically necessary (generally defined as urgent or emergent).
- The application and supporting documentation must be submitted to the hospital Patient Financial Services Department within 30 days.

# How will I know if I have been approved?

Once all requested documents are received the application will be reviewed. An approval or denial letter will be mailed to each applicant. The Financial Assistance Application and documentation must be updated every six months or when the patient's income or other key circumstances change. Every outpatient service requires pre-authorization during the 6-month qualification period.

#### **Exclusions:**

This policy only applies to services rendered at Beaufort Memorial Hospital and Beaufort Memorial Physician Partners Medical Practices. It *does not* apply to services rendered by any independent physicians or practitioners that are not employed by Beaufort Memorial Hospital. This includes, but is not limited to, Anesthesiologists, Radiologists, Pathologists, Psychiatrists and Teleconsultants. No individual who is eligible for financial assistance will be charged more than amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.