

At University Hospitals, all individuals are treated with respect, regardless of their individual financial circumstances, and no one is denied or delayed emergency or medically necessary care because of their inability to pay for services. If you meet established financial eligibility requirements, your bill for emergency medical or medically necessary care at a UH hospital facility may be discounted under the UH Financial Assistance Program.

Eligibility for financial assistance

You may be eligible for financial assistance if you are a resident of Northeast Ohio, have received care at one of UH's participating hospital facilities and:

- Have no health insurance; or
- Are medically indigent as determined by medical expenses as a percentage of family income; or
- Have health insurance and an annual household income of 0 – 138 percent of the Federal Poverty Guidelines. (A financial counselor can help you determine this.)

Financial Assistance – Uninsured, Underinsured and Insured		
Federal Poverty Guideline	0 – 250%	251 – 400%
Discount	100%	AGB ¹
Medical Indigence ^{1,2}		
Federal Poverty Guideline	401 – 600%	≥601%
Maximum Liability as a Percent of Household Income	10%	15%

***AGB: Amounts Generally Billed.** UH will never charge more than AGB for emergency or other medically necessary care for those patients who qualify for financial assistance or medical indigence.

You can find more information about financial aid at www.uhsamaritan.org

How to apply for financial assistance

You must complete a Financial Assistance Application and submit it as directed on the application. We encourage you to submit your application as soon as possible in order to assist you in managing your medical finances. The application must be submitted within 240 days of receipt of your first post-discharge billing statement received for the service for which you are requesting financial assistance. You also will need to provide information that will assist UH in determining your eligibility and financial assistance level. This may include: **W2s, Credit score, Current state or federal tax returns, Bank statements, Payroll stubs.** If you do not qualify for financial assistance, you may request that a financial counselor review your case to establish payment plan options with UH.

How to obtain a free copy of the Financial Assistance Policy and Application

You can obtain information about the UH Financial Assistance Program and assistance with completing the Financial Assistance Application – as well as pick up or request a free copy to be mailed to you in the following ways:

- **Access and print online:** www.UHSamaritan.org
- **By calling:** Patient Financial Services
419-207-7878 or 800-257-9917, Ext 3962
- **In person at Samaritan's main campus at:**
UH-Samaritan Medical Center (Financial Counselor's Office) 1025 Center Street Ashland, OH 44805
Monday through Friday 8 a.m. – 4:30 p.m.

Charity applications and Plain Language Summary are also available in Registration areas, Cashier's office, and in the Emergency Department.

Translation services: If you require the financial assistance information or an application in a language other than English, please contact us through one of the methods above.

¹Patients may qualify for partial financial assistance if they can demonstrate that their medical expenses exceed an established percentage of their family income outlined above. Contact a financial assistance counselor for more information. Patients wishing to be considered for discounts under this policy must provide requested documentation of income, residence and qualifying medical expenses in a timely manner.