

Financial Assistance Program

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 his or her 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 – 400 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%

You can find more information about UH's participating hospital facilities and health centers at UHhospitals.org/Financial Assistance.

¹ 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.

² Patients 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.

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 information 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:

UHhospitals.org/FinancialAssistance

Access by phone:

Call **866-771-7266**

Monday through Friday 9 AM to 4 PM EST.

Patients who received services at **UH Lake West Medical Center or UH TriPoint Medical Center** may contact **440-602-6682**

Monday through Friday 9 AM to 4 PM EST.

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.