

Financial Assistance Policy Plain Language Summary

ProMedica Health System hospitals offer financial assistance to people who need emergency and other care that a doctor believes is necessary. You may be eligible for free or discounted care if you meet the requirements. Patients may be required to apply, provide income information and meet eligibility requirements.

Eligibility Requirements

Financial assistance is usually determined on family size and the Federal Poverty Guidelines (FPG) that are determined by the Federal Government. Individuals that want to apply for financial assistance may be screened for Medicaid eligibility and required to cooperate with the Medicaid application process before financial assistance is given. If the patient's family size and income are below 200% of the FPG, the person responsible for paying the bill will not be responsible for any amount and your care will be free. This will also include balances after insurance that are deemed medically necessary. If patient's family size and income fall between 201-400% of the FPG the person responsible for paying the bill will be required to pay a reduced amount. A doctor must believe that the care is needed. Services that are not medically necessary such as cosmetic surgery are not eligible for financial assistance. No person eligible for financial assistance under this FAP (Financial Assistance Policy) will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care.

Where to Obtain

You may obtain a copy of our FAP policy and the FAP application Form, as well as information about the financial assistance process through:

- ProMedica Website: <https://www.promedica.org/Pages/patient-resources/billing-insurance/financial-assistance/default.aspx>
- * A Patient Financial Advocate at each hospital;
- * Any registration department at each hospital; or
- By calling 844-373-0871 or 800-477-4035 to request an application to be mailed to you.

We accommodate the populations served by ProMedica Health System that have limited proficiency in English by translating copies of our FAP, Application Form, and this Summary in the primary languages spoken by those populations. We may also elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreters.

If you need help or more information, please call our Customer Service department at 844-373-0871 Monday – Thursday, 8:00 a.m. – 7:00 p.m. and Friday, 8:00 a.m. – 6:00 p.m.

* See next page for listing of hospital addresses.

ProMedica Hospital Locations

ProMedica Bay Park Hospital
2801 Bay Park Drive
Oregon OH 43616

ProMedica Coldwater Regional Hospital
274 E Chicago St
Coldwater MI 49036

ProMedica Defiance Regional Hospital
1200 Ralston Ave
Defiance OH 43512

ProMedica Flower Hospital (*a division of Toledo Hospital*)
5200 Harroun Rd
Sylvania OH 43560

ProMedica Fostoria Community Hospital
501 Van Buren St
Fostoria OH 44830

ProMedica Hickman Hospital
5640 N Adrian Hwy
Adrian MI 49221

ProMedica Memorial Hospital
715 S Taft Ave
Fremont OH 43420

ProMedica Monroe Regional Hospital
718 N Macomb St
Monroe MI 48162

ProMedica Toledo & Toledo Children's Hospital
2142 North Cove Blvd
Toledo OH 43606

Wildwood Orthopedic & Spine Hospital
2901 N Reynolds Rd
Toledo OH 43615