



An affiliate of Mercy Health Network

## **Patient Financial Assistance Policy—Plain Language Summary**

In support of the Sisters of Mercy’s mission to provide for the sick and the vulnerable, Mercy Iowa City administers a program through Patient Financial Services to aid patients with Financial Assistance. Patients or Patient Guarantors must apply for the program as outlined below.

**Eligible Services:** Emergent and/or medically necessary healthcare services provided by Mercy Iowa City. Cosmetic services, pre-discounted and packaged-pricing services do not qualify.

**Eligible Patients:** Patients who are receiving eligible services in the Mercy Iowa City network, who submit a complete Financial Assistance application with supporting documents within 240 days from first billing statement and who are determined to qualify. An approved application for financial is valid for 180 days from the original submission date.

### **How to Apply:**

- Obtain an application in person at the Cashier’s window (located at the hospital)
- Download the application from the website <http://www.mercyiowacity.org/patient-financial-assistance>
- Request a form be mailed or faxed to you by calling 888-832-1896
- Complete, sign & date your application then return the application and supporting documentation either in person at the Cashier’s window or by mail to the following address:

Mercy Hospital  
Patient Financial Services  
P.O. Box 3130  
Iowa City, IA 52244-3130

**Determination of Eligibility for Assistance:** Assistance is determined based on household size and income which is then compared to the current year Federal Poverty Level (FPL) guidelines. Levels of eligibility for financial assistance (FA) are as follows:

FPL %	FA %
200% or less	100%
201-250%	75%
251-300%	50%
301-350%	25%

**Catastrophic Assistance:** An additional 25% catastrophic discount is available when patient responsibility for a single claim is greater than or equal to 25% of the household annual gross income.

**Extended Payment Plans:** The option of an Extended Payment Plan (EPP) may be offered to applicants eligible for less than 100% financial assistance.

**Amounts Generally Billed (AGB):** Patients who qualify for financial assistance will not be responsible for more than the amounts generally billed (AGB) for patients who are insured. Information about the method used to calculate the annual AGB for Mercy hospital can be accessed on the website <http://www.mercyiowacity.org/patient-financial-assistance> or can be mailed upon request by contacting the billing department at 888-832-1896.

**Translations:** Translations of this policy and its associated documents are available in English and Spanish. They can also be accessed on the website <http://www.mercyiowacity.org/patient-financial-assistance>, in person at the Cashier’s Window at Mercy Hospital, or can be sent by mail by calling 888-832-1896.