

Summary of Financial Assistance Policy

Tallahassee Memorial HealthCare provides a **Financial Assistance Policy** (FAP for short) for patients who need help with their medical bills. Patients eligible for the FAP can receive free or discounted emergency medical care and medically necessary care provided at TMH facilities, and by TMH-employed providers.

Who does the FAP help? Under the FAP, patients can receive assistance with their TMH bills if they meet certain income guidelines. To determine if a patient is eligible for assistance, we ask them to complete a Financial Assistance Application, which can be obtained at the time of registration, by calling Customer Service at 850.431.6200, or by visiting TMH.org. Verification of income will be requested to complete the application process. Once the application has been reviewed, the patient will be notified of their eligibility.

How much assistance will I receive? The level of financial assistance will depend on the patient's income and family size. TMH uses a sliding scale to determine the amount a patient will be responsible for paying. If the patient's income is less than 200% of federal poverty levels (FPL), their entire bill will be waived. If their income is between 201-400% of FPL, they will typically owe no more than the amount generally billed (AGB) to patients who have insurance for their qualifying hospital and physician bills. Patients with income over 400% of FPL but whose medical bills exceed 25% of their income are also eligible to have their bill waived. The current and historical FPGs are available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

What is AGB? AGB stands for 'amounts generally billed,' which is the amount that would be billed to individuals who have insurance. TMH uses the 'look back' method to calculate the AGB percentage used in determining the amount a patient will owe under the FAP. The AGB is based on all claims allowed by Medicare, Medicaid and private health insurers for the first two quarters of each fiscal year (October 1-March 31) and is updated annually.

Collection actions. TMH provides patients many chances to apply for assistance with their bills. If a patient does not make arrangements for payment of their medical bills, their account may be referred to an external collection agency. Before an account is referred to an agency, the patient will receive multiple statements from TMH requesting payment. The patient will have thirty (30) days after placement with an agency to dispute the account. Once the account has been referred to agency, the patient is still able to apply for assistance. If the patient takes no action, eventually, the account may be reported on their credit file.

How do I learn more about the FAP? Patients receive information regarding the Financial Assistance Policy during the registration process. More information is available online at TMH.org, or by calling Customer Service at 850.431.6200. TMH is committed to meeting the healthcare needs of the community. Please contact us with any questions regarding financial assistance.