

## Plain Language Summary: Financial Assistance Policy – COH Atlanta

### I. POLICY STATEMENT

The purpose of City of Hope (“COH”) Financial Assistance Policy (FAP) is to assure that care is accessible to the maximum number of patients possible within the resources available at COH. Meeting the needs of uninsured and underinsured patients is an important element in COH’s commitment to the community. This policy was adopted to provide eligible patients with medically necessary healthcare services provided by COH in accordance with the applicable federal rules.

### II. ELIGIBLE PATIENTS

To qualify for financial assistance at COH, an individual must submit a complete application and fulfill the following requirements: (1) meet the criteria for care deemed medically necessary by a COH provider, (2) meet all financial requirements for financial assistance, (3) have a Gross Family Income at or below 200% of the Federal Poverty Level (FPL) and (4) be a US Resident or resident of a United States Territory. Other criteria (e.g. account type) beyond Federal Poverty Guidelines may also be considered. For insured patients, financial assistance is available only after insurance coverage has been applied.

### III. SERVICES COVERED

Financial assistance covers all services that COH provides to its patients and that are deemed medically necessary for the patient by a COH provider. Financial assistance covers inpatient and outpatient services provided at COH hospitals, physician groups, and outpatient care centers, and pharmaceuticals delivered in COH hospitals and clinics.

### IV. FINANCIAL ASSISTANCE

If a patient is accepted for financial assistance, the patient will receive the financial assistance necessary to ensure that services received during the time for which financial assistance has been approved are free to the patient. Uninsured patients with Gross Family Income less than or equal to 200% of the FPL who are approved for financial assistance qualify for a 100% discount. Insured patients with Gross Family Income less than or equal to 200% of the FPL, who have limited medical benefits or have fully exhausted their medical benefits, who are unable to pay patient liabilities, and who are approved for financial assistance, qualify for a 100% discount to amounts due after insurance coverage has been applied. There is no sliding discount scale for financial assistance once a patient qualifies for financial assistance. Additionally, COH is required by law to consider amounts generally billed to individuals who have insurance covering emergency or other

medically necessary care (“Amounts Generally Billed” or “AGB”) and to guarantee that patients accepted for financial assistance will not be charged more than AGB for medically necessary services. COH uses the Medicare prospective method for calculating AGB and COH will not charge patients accepted for financial assistance more than AGB for medically necessary services.

#### V. HOW TO APPLY

Applicants must complete a COH Atlanta Financial Assistance Evaluation Form, and submit various documents to substantiate financial circumstances and proof of income.

- The Financial Assistance Policy, the COH Atlanta Financial Assistance Evaluation Form and the Plain Language Summary may be downloaded from the COH website:
  - <https://www.cancercenter.com/locations/atlanta/financial-assistance>
- Paper copies of the Financial Assistance Policy, the COH Atlanta Financial Assistance Evaluation Form and the Plain Language Summary are available upon request and without charge by mail or visiting in person at a COH location:
  - Atlanta: 600 Celebrate Life Parkway, Newnan, Georgia 30265
- If you have any additional questions, require help with the application or would like to be pre-screened for COH's financial assistance program, please call the Patient Financial Services office at (800) 677-5545.