*Financial Assistance Policy — Plain Language Summary*

***NCH Healthcare System***

**Financial Assistance Offered**

The mission of the NCH Healthcare System is to help everyone live a longer, happier and healthier life. As part of this mission, NCH Healthcare System offers financial assistance through its Financial Assistance Policy (FAP) to patients unable to pay for emergency or medically necessary care. We offer help to eligible patients for emergency medical and medically necessary care provided at a NCH Healthcare System facility. The Financial Assistance Policy covers NCH Physicians Group doctors providing emergency medical and medically necessary care at a NCH Healthcare system facility. Doctors who are not part of the NCH Physicians Group may also offer financial assistance programs at their discretion. A list of the NCH Physicians Group doctors and other providers covered by the FAP may be found online at [www.nchmd.org/Patients-and-visitors/billing-info](http://www.nchmd.org/Patients-and-visitors/billing-info).

**Eligibility Requirements and Assistance Offered** Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, and any special consideration the patient or physician would like to have considered.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.

Patients must fully comply with the application process, including submitting tax returns, bank statements and pay stubs, as well as completing the financial assistance application for all available sources of assistance, including Medicaid or other available funding options.

**How to Apply for Assistance**

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application. The patient or their representative may apply for financial assistance by completing a financial assistance application at any time before and during treatment, and up to the final resolution of their bill.

Financial assistance is limited to medical care provided at a NCH Healthcare System hospital location and by NCH Healthcare System medical personnel. Expenses such as travel, food, lodging, durable medical equipment, and prescriptions are not covered under the Financial Assistance Policy. NCH Healthcare System will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

**Where to Obtain Copies**

NCH Healthcare System’s Financial Assistance Policy and Application are available free of charge by calling Patient Accounts Customer Service at 239-624-6400 or at 800-436-8454 and requesting a copy by mail or email. This information is also available on our website at www.[nchmd.org](http://www.mayoclinic.org/financialassistance)/Patients-and-visitors/billing-info. Copies of the policy and application are also available at the Admissions Offices for all NCH Healthcare System hospital locations, as well as all Emergency Department locations.

**No More Than Amount Generally Billed (AGB)**

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care. When a patient is deemed eligible for financial assistance, the patient will not owe more than the amount generally billed (AGB) to individuals who have insurance. Naples Community Hospital uses the “look back” method to calculate the AGB for its hospitals. The AGB is the most we will collect from an eligible patient. The AGB is based on all claims allowed by Medicare and private health insurers over a 12-month period, divided by the gross charges for those claims.

**Contact for Information and Assistance**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from Patient Account Services:

* Online at www.[nchmd.org](http://www.mayoclinic.org/financialassistance)/Patients-and-visitors/billing-info
* You may also call 239-624-6400 or at 800-436-8454
* or visit the Patient Accounts/ Business Office location:

 NCH Business Center

 1100 Immokalee Road, Suite 100

 Naples, FL 34109

Monday thru Friday 9:00am – 4:30pm

**For Non-English Speakers**

Translations of the Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are available at www.[nchmd.org](http://www.mayoclinic.org/financialassistance)/Patients-and-visitors/billing-info or by calling the Patient Accounts/ Business Office at 239-624-6400 or 800-436-8454.