



## Financial Assistance Policy – Plain Language Summary (PLS)

The Aria-Jefferson Health (AJH) Hospital Financial Assistance Policy (FAP) exists to provide eligible hospital patients, partially or fully-discounted emergency or other medically necessary healthcare services provided by AJH. AJH is hereinafter referred to as HOSPITAL. Patients seeking Financial Assistance must apply for the program, which is summarized below.

**Eligible Services** - Emergency or other medically necessary healthcare services provided by the HOSPITAL and billed by HOSPITAL; the FAP only applies to services billed by HOSPITAL. Other services which are separately billed by other providers, such as physicians, laboratories or urgent-care centers, are not eligible under the FAP.

**Eligible Patients** - Patients receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by the HOSPITAL.

**How to Apply** – FAP and related Application Form may be obtained/completed/submitted as follows:

- Download the documents from the HOSPITAL’s website: <https://www.ariahealth.org>
- Paper copies of the FAP, Application and PLS are available upon request by mail, without charge, and are provided in various areas throughout the Hospital including Main Registration desk, Emergency Room, and the Cashier Office.
- Request documents are mailed to you, by calling HOSPITAL’s Financial Services Unit at 888-974-1242.
- Visiting in-person: HOSPITAL Cashier Office at Torresdale Hospital, 10800 Knights Rd, Philadelphia, PA 19114, or Frankford Hospital, 4900 Frankford Ave, Philadelphia, PA 19124 or Bucks Hospital, 380 North Oxford Valley Rd, Langhorne, PA 19047. (The HOSPITAL’S Financial Assistance Policy is also available upon request by mail, or in person, at these locations.)
- Mail completed applications (with all documentation/information specified in the application instructions) to: HOSPITAL’s (all facilities) Financial Assistance Dept, 4900 Frankford Ave, Room 1900, Philadelphia, PA 19124 or deliver in person to the Cashier’s office at any hospital listed in the bullet above.

**Determination of Financial Assistance Eligibility** - Generally, Eligible Persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 600% of the Federal Government’s Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). If qualified for financial assistance, HOSPITAL will apply the appropriate discount to the amount that would have been paid if the patient were a Medicare beneficiary. This is known as the “Prospective Method” of calculating AGB. Financial Assistance levels, based solely on Family Income and FPG, are:

- Family Income at 0 to 299% of FPG
  - Full Financial Assistance; \$0 is billable to the patient.
- Family Income at 300% to 600% of FPG
  - Partial Financial Assistance; AGB is maximum billable to the patient.

Note: Other criteria beyond FPG are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly net income relative to monthly household expenditures), which may result in exceptions to the preceding. If no Family Income is reported, information will be required as to how daily needs are met. The HOSPITAL’S Financial Counselor reviews submitted applications which are complete, and determines Financial Assistance Eligibility in accordance with the HOSPITAL’S Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information.

The HOSPITAL also translates its FAP, FAP application form and the plain language summary of its FAP in other languages wherein the primary language of the residents of the community served by the HOSPITAL represents 5 percent or 1,000; whichever is less, of the population of individuals likely to be affected or encountered by the HOSPITAL. Translated versions are available upon request in person at the address below and on the HOSPITAL’S website: <https://www.ariahealth.org/about-aria/charity-care-and-financial-assistance>

For help, assistance or questions please visit:

The HOSPITAL’s Cashier or Outpatient Registration area:

Torresdale: 10800 Knights Rd, Philadelphia PA 19114

Frankford: 4900 Frankford Ave, Philadelphia PA 19124

Bucks: 380 N. Oxford Valley Rd, Langhorne PA 19047

or Call 215-612-3393, M-F 8 AM- 4:30 PM

or Call 215-831-2036, M-F 8 AM-12:30 PM

or Call 215-949-5117, M-F 8 AM-12:30 PM