

### Financial Assistance Policy Plain Language Summary

Patients who meet certain income criteria may qualify for financial assistance based on the below criteria:

Uninsured Patient Financial Assistance Guidelines	
Income Level (of FPL)	Discount
0 –200%	100% of Medicare rate
201% - 250%	50% of Medicare rate
251% - 300%	40% of Medicare rate
301% - 350%	25% of Medicare rate
351% - 400%	15% of Medicare rate

(FPL – Federal Poverty Level)

If you receive an award of financial assistance from Decatur Morgan Hospital and the award does not cover 100% of Decatur Morgan Hospital's charges for the services provided, a patient will not be charged more for emergency or other medically necessary care than the amount we generally bill patients that have insurance under Medicare.

If you think you may qualify for financial assistance, complete and sign a financial Assistance Application. The application and guidelines are available at [decaturmorganhospital.net/services/financial-assistance](http://decaturmorganhospital.net/services/financial-assistance) or you can obtain an application and a copy of the guidelines by:

- Calling a Financial Counselor at (256)973-4688, Monday – Friday, 8a.m.- 4:30p.m., to request a copy of the application and guidelines by mail, free of charge
- In your admission packet, our emergency department, or in any financial representative or cashier's office.
- By visiting any of the following locations:
  - Decatur Morgan Hospital 1201 7<sup>th</sup> Street SE Decatur, AL 35601
  - Decatur Morgan West 2205 Beltline Rd SW Decatur, AL 35603

For assistance completing the application or clarification on the guidelines; you may contact a financial counselor at (256)973-4688 between the hours of 8am – 4:30pm, Monday – Friday.

Forward your completed financial assistance application to:

**Decatur Morgan Hospital**  
**Attn: Financial Counselor**  
**PO Box 2239**  
**Decatur, AL 35609-2239**

*The financial assistance guidelines and application are also available in Spanish.*