INTERMOUNTAIN HEALTHCARE OFFERS A FINANCIAL ASSISTANCE PROGRAM for medical care provided in Intermountain clinics and hospitals for residents of Intermountain’s service area. The program is for most medical care that a medical provider decides is needed. Intermountain’s Financial Assistance Program only applies to bills with Intermountain Healthcare hospital, clinics, and some healthcare providers employed by Intermountain.

- Financial assistance is determined on income and the amount of your medical bills.
- People eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed to insured people.

AMOUNTS GENERALLY BILLED (AGB) – The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. Information regarding AGB percentages and calculations may be obtained in writing and free of charge by sending a request to financial.assistance@r1rcm.com or by writing to Financial Assistance, P.O. Box 30193, Salt Lake City, UT 84130. AGB is calculated using the “Look Back Method” in accordance with 501R federal regulations.

HOW DO I APPLY?

Apply online at www.intermountainhealthcare.org/assistance
If you received (or plan to receive) medical care in an Intermountain hospital, call 800.705.9175
If you received (or plan to receive) medical care in an Intermountain clinic, call 800.748.4248
If you are interested in payment options, please call 866.415.6556
To apply for Financial Assistance in person, visit your local hospital or clinic where you receive services or visit our Financial Assistance Office: 4646 Lake Park Boulevard • Salt Lake City, UT 84120

Intermountain Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.415.6556 (TTY: 1.888.735.5906).