

INTERMOUNTAIN HEALTHCARE OFFERS A FINANCIAL ASSISTANCE PROGRAM

to residents in our service area for medical care received at Intermountain clinics and hospitals.

THE FINANCIAL ASSISTANCE PROGRAM

can be used for most Intermountain Healthcare medical care that a medical provider decides is needed.

HOW DO I KNOW IF I QUALIFY?

If you are uninsured or have difficulty paying for healthcare, you may qualify. Eligibility is based on a sliding scale that considers many factors. This includes your family size, income, cash, bank account balances, and your medical bills. You may also qualify if you have a catastrophic healthcare event.

This table will help you see if *you may qualify*:

Family size	2016 household income before taxes <i>up to</i> these amounts:
1	\$57,450
2	\$77,550
3	\$97,650
4	\$117,750
5	\$137,850
6	\$157,950
7	\$178,050
8	\$198,150

If your family has more than eight people, add \$20,100 for each additional family member.

This information is a guideline only, and is updated each year.

To apply for Financial Assistance in person, or to learn more about payment options, please call 800.705.9175 or visit any location below:

If you received or plan to receive medical care in an Intermountain hospital or clinic:

INTERMOUNTAIN FINANCIAL ASSISTANCE OFFICE:

4646 Lake Park Boulevard • PO Box 27327
Salt Lake City, UT 84127

Request a mailed application by phone:

800.705.9175

Request a mailed application online:

www.intermountainhealthcare.org/assistance



FINANCIAL ASSISTANCE PROGRAM



When those who live in our communities need care, financial concerns should not prevent them from receiving treatment.

Intermountain Healthcare is committed to providing medically necessary care by offering financial assistance to individuals that qualify.

HOW DO I APPLY?

If you need help paying for Intermountain medical care, you are responsible to apply for Financial Assistance. Applications are available in English and Spanish. Eligibility representatives are available to help you complete the application.

The application requires you to provide financial information. To the right, What To Include In Your Application is a list of required items.

To Apply:

Online – Go to the Intermountain website: www.intermountainhealthcare.org/assistance

The website provides information about the program and includes an application form. You can submit the completed application online, or print out the application and mail it to the address listed on the website. Copies of the required financial information must be included with your application.

In person – Go to the Intermountain clinic or hospital where you received or plan to receive medical care. Ask to meet with an Eligibility Counselor, they will help you complete the application. Locations are provided on the back of this brochure.

For questions, call:

Patient Financial Services 800.705.9175
Translation services are available



WHAT TO INCLUDE IN YOUR APPLICATION

Please provide the following:

- Your current savings and checking account statements;
- Your two most recent pay stubs or other proof of income from any source. If you are self-employed or unemployed, provide copies of your last three months of bank statements;
- Your most recent tax return, including all forms included in your return;
- Any information about your financial situation you want considered;
- Medicaid Denial Letter (for hospital bills only)

If you cannot provide these items, please explain why on your application form.

WHAT HAPPENS AFTER I APPLY?

A representative will review your information and determine if you qualify. You will be contacted about your qualification. You may be asked to apply for Medicaid or other programs before you receive financial assistance. The representative can help you with this application.

IF I QUALIFY, HOW MUCH HELP WILL I RECEIVE?

The amount of financial assistance is based on your need. Intermountain considers all of the information you provide with your application to determine if you qualify. Your information is evaluated based on national guidelines.

Keep in mind, even if you qualify for Financial Assistance, you will be asked to pay part of your bill. The amount will be within your ability to pay.

WHAT BILLS WILL FINANCIAL ASSISTANCE COVER?

Intermountain's Financial Assistance Program only applies to bills with Intermountain Healthcare hospitals, clinics, and some healthcare providers employed by Intermountain Healthcare.

This means some of your medical care may not be covered. For example, medical care provided by radiologists or anesthesiologists is not covered. For a list of providers who are covered within this program, go to the Intermountain website: www.intermountainhealthcare.org/assistance

Please contact your non-Intermountain Healthcare providers directly to ask if any financial assistance is available.

WHAT IF I DON'T QUALIFY?

Intermountain Healthcare can help you manage your bills even if you do not apply or qualify for financial assistance. Intermountain offers both short-term and long-term payment plans. Call 866.415.6556 for more information.

If you are eligible for financial assistance and receive hospital medical care, you will not be charged more than the amounts generally billed to insured patients for emergency or other medically necessary care.