

## WHAT BILLS WILL INTERMOUNTAIN FINANCIAL ASSISTANCE COVER?

Intermountain's Financial Assistance Program applies to bills for care received at Intermountain Healthcare hospitals, clinics and healthcare providers employed by Intermountain Healthcare.

Some medical care you receive may not be covered by Intermountain's Financial Assistance Program. For example, care provided by certain physicians who are not Intermountain caregivers are not covered. Please contact your non-Intermountain Healthcare providers directly to ask if any financial assistance is available.

## HOW DO I KNOW IF I QUALIFY FOR HELP PAYING MY MEDICAL BILLS?

Eligibility is based on many factors. This includes your family size, income, and the amount owed on your medical bills. You may also qualify if you have a catastrophic healthcare event.

This table will help you determine if you may qualify. The figures listed are household income before taxes, up to these amounts:

### 2021 Annual household income before taxes up to these amounts:

Family size	2021 household income before taxes up to these amounts
1	\$64,400
2	\$87,100
3	\$109,800
4	\$132,500
5	\$155,200
6	\$177,900
7	\$200,600
8	\$223,300
For households with more than 8 persons, add \$4,540.00 for each additional person.	

**To apply for Financial Assistance in person, or to learn more about payment options, please call 866.415.6556 or visit any location below:**

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

### AMERICAN FORK HOSPITAL

170 N. 1100 E. • American Fork, UT 84003

### OREM COMMUNITY HOSPITAL

331 N. 400 W. • Orem, UT 84057

### SPANISH FORK HOSPITAL

765 E. Market Place Drive • Spanish Fork, UT 84660

### UTAH VALLEY HOSPITAL

1034 N. 500 W. • Provo, UT 84604

**If you received or plan to receive medical care in an Intermountain clinic, contact:**

### INTERMOUNTAIN FINANCIAL ASSISTANCE OFFICE

4646 Lake Park Boulevard • PO Box 27327

Salt Lake City, UT 84127

Request a mailed applicatoin by phone: 866.415.6556

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.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-415-6556.

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).



# FINANCIAL ASSISTANCE PROGRAM



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

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



## HOW TO APPLY

If you need help paying for medical care at an Intermountain Healthcare facility, you should apply for financial assistance. Applications are available in English and Spanish. If needed, Financial Assistance Representatives will help you complete the application.

**Online** – Go to Intermountain’s website at [www.intermountainhealthcare.org/assistance](http://www.intermountainhealthcare.org/assistance)

The website provides information about the program and includes an application form. You can submit the completed application online.

**Mail** – You can print out the application and mail it to the address listed on the website. Copies of required financial information must be included with your application. You can also request an application to be mailed to you by calling 866.415.6556.

**In person** – Go to the Intermountain clinic or hospital where you received care or plan to receive medical care.

Ask to meet with an Eligibility Counselor, and they will help you complete the application.

## WHAT TO INCLUDE WITH YOUR APPLICATION

**Please provide the following household information:**

- 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 federal tax return, including all forms included with your return
- Any information about your financial situation you want considered

**If you cannot provide these, please explain why on the application form.**

**You can scan and email your information to [financial.assistance@r1rcm.com](mailto:financial.assistance@r1rcm.com)**

## WHAT HAPPENS AFTER I APPLY?

A representative will review your information and determine if you qualify, and communicate this to you. You may be asked to apply for Medicaid or other programs before you receive financial assistance from Intermountain.

## IF I QUALIFY, HOW MUCH HELP WILL I RECEIVE?

The amount of financial assistance provided will be based on need. Intermountain considers all information you provide with your application to determine this.

If approved for full financial assistance, you will be asked to pay only a nominal amount based on the type of service you received. If you are unable to pay this, the amount can be waived.

## PAYMENT OPTIONS

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

