

Financial Assistance Program– Plain Language Summary

Financial Assistance Offered

CaroMont Health offers financial assistance through its Financial Assistance Program to patients unable to pay for emergent or medically necessary care.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors, including medical necessity, insurance coverage/eligibility or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered) and family size. Financial assistance is offered to patients who are uninsured and underinsured. Full financial assistance will be granted based on a patient's ability to pay the billed charges.

Patients may be requested to comply with the application process, including submitting tax returns, bank statements and pay stubs, as well as completing the application process for some available sources of assistance, including Medicaid or Medical Assistance.

How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application.

Financial assistance is limited to medical care provided at CaroMont and some CaroMont medical providers. Expenses such as travel, food, lodging, durable medical equipment, and prescriptions are not covered under the Charity Care Program. CaroMont Health will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Where to Obtain Copies

CaroMont Health's policy and application are available free of charge by calling Patient Financial Services at 1-704-834-2931 and requesting a copy by mail or email. The policy and application are also available online at www.caromonthhealth.org for downloading and printing. Copies of the policy and application are also available at Admissions and Business Services areas.

Contact for Information and Assistance

Additional information about the Financial Assistance Program and assistance with the application process can be obtained from Patient Financial Services by:

- Calling Customer Service at 704-834-2931
- Come to Customer Service inside the entrance off the parking deck at CaroMont Regional Medical Center at 2525 Court Drive, Gastonia, N.C. and ask for a Financial Counselor.

No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergent or other medically necessary care to patients who have insurance for such care.