Financial Assistance - Plain Language Summary

INTEGRIS Community Hospital understands that it can be difficult for some patients to afford to pay their medical bills. For this reason, INTEGRIS Community Hospital provides financial assistance for qualifying patients who receive emergency or other medically necessary care from INTEGRIS Community Hospital. This summary provides a brief overview of INTEGRIS Community Hospital's Financial Assistance Policy.

Who is Eligible?

Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. Patients with family incomes less than or equal to 150% of the Federal Poverty Level are eligible for a 100% charity care write-off of the portion of the charges for which you are responsible. Patients with family incomes ranging from 151% to 300% of the Federal Poverty Level, are eligible for discounted rates on a sliding scale. To qualify for financial assistance, patients must complete a financial assistance application, provide requested documents to verify financial need and meet other eligibility criteria. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients who have insurance coverage covering such care. You may be asked if you have insurance of any kind to help pay for care. You may be asked to show that insurance or a government program will not pay for care.

What Services Are Covered?

Financial Assistance is only available for health services that are both medically necessary and generally available and provided by INTEGRIS Community Hospital. These terms are defined in the Financial Assistance Policy.

How Can I Apply?

You must apply for financial assistance by completing a written application and providing requested supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. The Financial Assistance Policy application instructions will be made available upon patient request at the time of service.

If a patient wishes to apply for financial assistance after the medical services have been provided, the Financial Assistance Policy application instructions may be accessed and printed directly from the INTEGRIS Community Hospital's website, www.Integriscommunityhospital.com/helpinghands

Patients may also request a copy of the Financial Assistance Policy application instructions by mail. To request a copy of the documents by mail, patients should call the Customer Service Department at **877-516-0911, Option 1**.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact:

INTEGRIS Community Hospital
Attn: Customer Service
8686 New Trails Dr.
The Woodlands, TX 77381

877-516-0911, Option 1

After the application has been reviewed, a determination of eligibility or non-eligibility will be made, and you will be notified of the decision.

How Can I Get More Information?

Copies of the Financial Assistance Policy and application form are available at www.Integriscommunityhospital.com/helpinghands and all INTEGRIS Community Hospital locations. Free copies of the Financial Assistance Policy and application also can be obtained by mail when calling the Customer Service Department at 877-516-0911, Option 1.

Provider List:

The financial assistance is not available to services provided by providers who are not employed by INTEGRIS Community Hospital or other providers who treat you at an INTEGRIS Community Hospital facility, but bill separately from INTEGRIS Community Hospital for their services and do not participate in the INTEGRIS Community Hospital Financial Assistance Program. A full list of providers can be found in Attachment A of the INTEGRIS Community Hospital's Financial Assistance Policy that is available as listed above.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and the plain language summary are available, upon request, in English, Spanish, and Vietnamese.