

# Penobscot Valley Hospital Financial Assistance Policy Plain Language Summary

Penobscot Valley Hospital is dedicated to making healthcare services accessible to our patients. We recognize the financial needs of patients and families who are not able to afford medical care, so we provide medically necessary services at no cost or at a discount to those who qualify. The Board of Trustees has set these guidelines for financial assistance.

## Eligibility and Assistance Offered

To qualify for charity or discounted care, the patient or family must complete a short questionnaire. Additional information may be requested which ultimately may affect the Hospital's decision. The decision to provide financial assistance will be based on a review of the household income. Financial assistance will not be denied because of race, color, religion, sex, age, national origin, or marital status.

The need for medical care will be based on the clinical judgment of the healthcare provider without regard to financial status. All patients will be treated for emergency medical conditions without discrimination and regardless of their eligibility for charity or discounted care.

## Applying for Financial Assistance

Those who want to apply for financial assistance may submit an application to the Billing Office. The application form is on the hospital's website, and printed copies of the form, the financial assistance policy, and this plain language summary can be obtained at no cost from the Billing Office. Contact that office at (207) 794-7367 for more information. This summary is available in English, French and Spanish.

## Calculation of Charity or Discounted Care

Program	Available To	Description	How to Apply
Financial Assistance - Charity Care	Uninsured and Insured Patients	Charity care to families based on family size and with income less than 150% of Federal Poverty Guideline	Complete Financial Assistance Program Application
Financial Assistance - Sliding Scale	Uninsured and Insured Patients	Discounted care to families based upon family size and with income level between 151% and 225% of Federal	Complete Financial Assistance Program Application
Uninsured (Self-Pay)	Uninsured Patients Only	Reduction of 10-25% based upon total charges	Offered on First Time Statement
Payment Plan Program	Uninsured and Insured Patients	Assists patients with their financial obligations by establishing payment arrangements	Contact a Financial Counselor at (207) 794-7194 or (207) 794-7367

## Notification

We have publicized our financial assistance policy widely with legible signage, pamphlets at registration desks, and this plain language summary. A list of providers covered by our financial assistance policy is available at all locations. Please contact the Penobscot Valley Hospital Billing Office for more information.