

Financial Assistance Policy Plain Language Summary

If you think you may qualify for financial assistance, complete and submit a signed Financial Assistance Application to the Patient Financial Services Department of Marshall Health System. To ensure full consideration of your application and to assist us in making an informed decision, the following MUST be submitted with your application:

- Documentation of income (including: paycheck stub(s), food stamps, etc.)
- Federal Tax Return, 1099 or W-2 for previous year
- Credit card statement for current or previous month

Marshall Health System will make every effort to determine whether an individual is eligible for assistance under this facility's Financial Assistance Policy. In the event eligibility is determined to be less than 100% charity, payment will be based upon 5% of the guarantor's total gross annual household income. The balance will be a 60% discount from total charges. Family income is based on 300% above Poverty Level.

Persons deemed eligible for financial assistance covering less than 100% of charges for services provided will not be charged more or differently than amounts generally billed to insured patients for emergency or other medically necessary care.**

Providers covered by our Financial Assistance Policy

Marshall Health System Emergency Physicians North South Emergency Physicians

Financial Assistance Application and guidelines:

http://www.mmcenters.com/index.php/about/financial

You may also obtain copies of the Financial Assistance Application, guidelines and covered provider list:

- By calling Patient Financial Services at (256) 894-6600 between the hours of 8:00 a.m. –
 5:00 p.m. Monday-Friday to request a copy by mail, free of charge
- In your hospital admission packet, our emergency department, or in any patient access department
- By visiting any of the following locations:
 - o Marshall Medical Center South: 2500 Highway 431, Boaz, AL 35957
 - Marshall Medical Center North: 8000 Highway 69, Guntersville, AL 35976
 - o SMI Therapy Plus/MRI: Highway 431, Albertville, AL 35950
 - Marshall Professional Center/Cancer Center 11491 Highway 431, Albertville, AL 35950

For assistance completing the application or clarification on the guidelines, please contact Patient Financial Services at (256) 894-6600 between the hours of 8:00 a.m. – 5:00 p.m., Monday-Friday.

All completed Financial Assistance Applications should be forwarded to Patient Financial Services at:

Patient Accounts: Attn: Financial Aid 227 Brittany Road

Guntersville, Al. 35976

The financial assistance guidelines and application are also available in Spanish. Las directrices de asistencia financiera y aplicación también están disponibles en español.

^{*} Marshall Health System reserves the right to grant assistance based on evidence other than that which is obtained/described/reported in the Financial Assistance Application (including, but not limited to, information obtained orally).

^{** &}quot;Medically Necessary Care" shall mean those services reasonable and necessary to diagnose and provide preventive palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.