



## ***Financial Assistance Policy – Plain Language Summary***

### **Financial Assistance Offered**

Franciscan Beacon Hospital offers financial assistance through our financial assistance policy for patients unable to pay for emergency or medically necessary care.

### **Eligibility Requirements and Assistance Offered**

Eligibility for financial assistance is based on multiple factors including the nature of the condition and care required, other sources of payment (including personal injury claims and cooperating with applying for other assistance programs), income (Federal Poverty guidelines used to determine the amount of financial assistance offered), and family size.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges. Patients must fully comply with the application process including submitting required documentation as well as completing the application process for all available sources of assistance including Medicaid or other similar funding programs.

### **How to Apply for Assistance**

Patients and/or Guarantors should sign and complete an application and return the application with all required documents to Franciscan Beacon Hospital for processing. Fully completed applications and documents should be submitted to:

Franciscan Beacon Hospital  
1010 W SR 2 La Porte, IN 46350

### **Where to Obtain Copies**

Our Financial Assistance Policy and Application are available free of charge by calling Patient Account Services at 219-575-6700 and requesting a copy by mail or email. The policy and application are also available online at [www.beaconhealthsystem.org/assist](http://www.beaconhealthsystem.org/assist) for downloading and printing. Copies of the policy and application are also available in our admissions area and Emergency Department.

Franciscan Beacon Hospital, Attn: Patient Account Services  
1010 W SR 2 La Porte, IN 46350

### **Contact for Information and Assistance**

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

- Calling Customer Service 219-575-6700

### **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 emergency or other medically necessary care to patients who have insurance for such care.

### **Translations**

Translations of the policy, application and this Plain Language Summary are also available in Spanish at all locations and online at [www.beaconhealthsystem.org/assist](http://www.beaconhealthsystem.org/assist).