

LEE MEMORIAL HEALTH SYSTEM

Summary of Financial Assistance Policy

Lee Memorial Health System (“Lee Health”) has a way to help people with their medical bills. We call this our Financial Assistance Policy or “FAP” for short. Under our FAP, we offer help to eligible patients for emergency medical care and medically necessary care provided at Lee Health hospitals. Below is a summary of how it works. We can provide a copy of the FAP itself for more information.

Who Does the FAP Help? Under the FAP, patients can receive financial help if they meet certain household income levels and are (1) uninsured, (2) reside in our primary service area (Lee, Charlotte, Collier, Glades, and Hendry Counties in Florida), (3) provide information about their household finances, and (4) receive emergency medical care or medically necessary care at a Lee Health hospital facility.

To find out if a patient qualifies for financial help, we ask for information from the patient. We may ask a patient to complete a Financial Assistance Application (“FAA”) and to give us paperwork about the patient’s household finances. Lee Health has financial counselors who can help fill out the application. Copies of the FAP and the FAA are available online at <http://www.leehealth.org/businessoffice/financial-assistance.asp> or can be requested in person or by mail from Lee Health Patient Financial Services at 1-800-809-9906. We may still try to obtain payment from insurance, liability settlements, and judgments, even if financial help is available.

The FAP covers Lee Physician Group doctors providing emergency medical services and medically necessary care at Lee Health hospitals. The FAP does not apply to care provided outside of the hospital setting, such as doctor visits to the Lee Physician Group. Doctors who are not part of Lee Physician Group may also offer financial assistance programs at their discretion. A list of doctors and other providers covered by the FAP may be found online at <http://www.leehealth.org/businessoffice/financial-assistance.asp>.

How to Apply. Patients may apply for financial assistance by completing a FAA at any time before and during treatment, and up to the final resolution of their bill. Lee Health may ask for specific documents from the patient in assessing the patient’s FAA. Approval of an FAA may take up to 30 days after all paperwork is submitted. Patients who qualify for help will get help for up to 180 days, after which time they will have to apply again or send in new papers.

How much financial help is there? Lee Health gives financial help under the FAP on a sliding scale, based upon the federal poverty level (“FPL”) guidelines.

Eligible patients whose gross family income is not more than 200% of the FPL will usually not have to pay any of their bills for the hospital and for doctors who participate in the FAP. Eligible patients with family income of more than 200% of the FPL and up to 400% of the FPL will usually only have to pay for 20% of their bills for qualifying hospital and physician fees. In addition, eligible patients whose household income is not more than 400% of the FPL for a family of four usually will not have to pay anything for qualifying hospital and physician charges when responsibility for hospital and physician charges exceeds 25% of their household income.

If a patient is uninsured and does not qualify for income-based financial assistance, Lee Health offers a discount of 80% of the total charge for hospital-based facility services; and a discount of 25% of the total charge for professional services provided by LPG providers

For patients undergoing active cancer treatments and whose income is below 400% of the federal poverty guidelines, Lee Health retains discretion to offer up to 100% financial assistance for the treatments unless otherwise prohibited by law.

How to calculate the “amounts generally billed.” When an eligible patient receives financial help of less than 100% of gross charges, the patient will not owe more than the amount generally billed to individuals who have insurance (“AGB”). Lee Health uses the “look-back” method to calculate the AGB for its hospitals. The AGB is the most we will collect from an eligible patient. The AGB is based on all claims allowed by Medicare, Medicaid, and private health insurers over a 12-month period, divided by the associated gross charges for those claims. The AGB calculation for each hospital is available online at <http://www.leehealth.org/businessoffice/financial-assistance.asp>.

Collection actions. For patients who are not eligible for financial assistance or do not complete their applications, and who do not pay their bills on time, Lee Health may send their account(s) to a collection agency. Patients will receive notice that their account(s) are being sent to a collection agency and will have five business days to respond to the notice before collection action is initiated.

Lee Health may pursue legal action for amounts owed for more than 120 days. Patients will receive 30 days’ notice before legal action begins. Legal action may include civil lawsuits and garnishments on wages. Lee Health may also file claims in bankruptcy and estate proceedings and pursue liens as permitted by law. In some cases, where permitted by law, we may deny or require pre-payment for non-emergent care for an individual who has unpaid bills for previous care.

How to learn more about the Financial Assistance Policy. Lee Health will make public the Financial Assistance Policy and required notices within the community we serve. Lee Health will make free copies of the FAP, the FAA, and this Summary available in English, Spanish, German, and Haitian-Creole, both in paper and on the health system’s website, <http://www.leehealth.org>. For more information about the FAP and for assistance with the FAP application process, patients and community members may also contact a patient account specialist at Lee Health Patient Financial Services by calling 1-800-809-9906.