

## FINANCIAL ASSISTANCE GUIDELINES PLAIN LANGUAGE SUMMARY

United Methodist Behavioral Health System, Inc. ("UMBH") offers financial assistance to eligible patients. UMBH will provide emergency or medically necessary care to individuals regardless of their ability to pay.

For insured or non-insured patients, financial assistance discounts are available on a sliding scale based upon income levels of 200% to 300% of the current Federal Income Poverty Guidelines. Discounts up to 100% of billed charges may be provided based on completion and evaluation of an Application for Financial Assistance, with required supporting documentation. Financial need does not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. Patients who are eligible for Financial Assistance cannot be charged more than the amounts generally billed for emergency or other medically necessary care. Amounts billed for emergency and other medically necessary care are set forth in the standard services price guide, a copy of which can be found on the organization's website. Services provided by physicians and psychiatrists contracted by UMBH are covered by this Financial Assistance Policy.

Patients determined to be eligible for financial assistance will not be charged more than Amounts Generally Billed (AGB) for emergency or medically necessary care. UMBH utilizes the look-back method in calculating the AGB adjustment percentages which are based on the prior fiscal year's average net revenue percentages for all payor sources. Copies of current AGB adjustment percentages are available free of charge by contacting [AccountsReceivable@MethodistFamily.org](mailto:AccountsReceivable@MethodistFamily.org).

### ELIGIBILITY CRITERIA

UMBH will perform an assessment of medical necessity and financial ability, and based on the assessment results, may provide free or discounted care to patients who qualify for financial assistance under this policy. To be eligible for financial assistance, the following steps must be completed:

1. Answer all questions completely
2. Sign and date the Application for Financial Assistance
3. Attach a copy of all required documentation (see below)
4. Return the Application for Financial Assistance with required documentation

### Required Documentation (as applicable):

- Signed Application for Financial Assistance.
- If applicable: Complete copy of most recent Tax Return with attachments.
- If patient does not file taxes: proof of earnings (check stub, payroll record, or letter from employer).
- If applicable: Proof of disability (Social Security Administration Benefits letter).

- In some case, additional documentation may be required to determine eligibility.

Patients who do not provide the requested information may not be eligible for financial assistance. In addition, patients seeking financial assistance are expected to cooperate with any efforts to secure Medicaid or other healthcare coverage prior to financial assistance determination. Applicants of all ages are eligible for financial assistance.

Extraordinary collection actions (“ECAs”) which may be taken by UMBH against a patient related to obtaining payment of patient balances owed under this Financial Assistance Policy include:

- Selling the patient’s debt to another party,
- Report adverse information about a patient to consumer credit reporting agencies or credit bureaus,
- Defer or deny, or require payment before providing non-medically necessary care because of a patient’s non-payment of one or more bills for previously provided care covered under the Financial Assistance Policy.

Application should be returned to:

United Methodist Behavioral Health Systems, Inc., Patient Financial Assistance, 1600 Aldersgate Road, Little Rock, AR 72205. For questions, please call 501-661-0720.

If you believe you may be eligible for financial assistance, a copy of the Application for Financial Assistance can be obtained using the following link:

[Application for Financial Assistance and Income Guideline for Free and Discounted Care \(XLSX\)](#)

The application can also be requested:

By Phone: Patient Financial Assistance at (501) 661-0720

In Writing: Patient Financial Assistance, 1600 Aldersgate Road, Little Rock, AR 72205

This Plain Language Summary of the Financial Assistance Guidelines is also available in Spanish upon request or at the below link:

[Application for Financial Assistance and Income Guideline for Free and Discounted Care – Spanish \(PDF\)](#)