

Jefferson Health Financial Assistance Policy – Plain Language Summary

The Financial Assistance Policy (“FAP”) of Jefferson Health exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within Jefferson Health’s hospital facilities are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendices A – L of the Jefferson Health FAP for a list of providers that provide healthcare services within the hospital facility and whether or not they are covered under the policy.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed FAP Application (Jefferson Health Compassionate Care Application and/or Jefferson Health New Jersey Hospital Care Payment Assistance Program Application) including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

Paper copies are available, free of charge, on-site at the following hospital patient registration locations. Applications may be requested by calling the telephone numbers included below. Additionally, copies may be obtained at each hospital facility website listed below.

Financial Counselors are available for assistance. Patients may call the telephone numbers included below to schedule an appointment.

<p>Abington Hospital – Jefferson Health 1200 Old York Road Abington, PA 19001 (833) 958-2198 www.abingtonhealth.org</p>	<p>Abington – Lansdale Hospital 100 Medical Campus Drive Lansdale, PA 19446 (833) 958-2198 www.abingtonhealth.org</p>	<p>Jefferson Bucks Hospital 380 North Oxford Valley Road Langhorne, PA 19047 (833) 958-2198 www.ariahealth.org</p>
<p>Jefferson Cherry Hill Hospital 2211 Chapel Ave West Cherry Hill, NJ 08002 (833) 958-2198 https://kennedyhealth.org</p>	<p>Jefferson Frankford Hospital 4900 Frankford Avenue Philadelphia, PA 19124 (833) 958-2198 www.ariahealth.org</p>	<p>Jefferson Hospital for Neuroscience 900 Walnut Street Philadelphia, PA 19107 (833) 958-2198 https://hospitals.jefferson.edu</p>
<p>Jefferson Methodist Hospital 2301 South Broad Street Philadelphia, PA 19148 (833) 958-2198 https://hospitals.jefferson.edu</p>	<p>Jefferson Stratford Hospital 18 East Laurel Road Stratford, NJ 08084 (833) 958-2198 https://kennedyhealth.org</p>	<p>Jefferson Torresdale Hospital 10800 Knights Road Philadelphia, PA 19114 (833) 958-2198 www.ariahealth.org</p>
<p>Jefferson Washington Township Hospital 435 Hurffville-Cross Keys Road Turnersville, NJ 08012 (833) 958-2198 https://kennedyhealth.org</p>	<p>Magee Rehabilitation Hospital 1513 Race Street Philadelphia, PA 19102 (833) 958-2198 https://mageerehab.org/</p>	<p>Thomas Jefferson University Hospital, Inc. 111 South 11th Street Philadelphia, PA 19107 (833) 958-2198 https://hospitals.jefferson.edu</p>

Completed FAP Applications should be mailed to the address included within the Application and/or associated cover letter.

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family gross income is less than or equal to 200% of the Federal Poverty Level (“FPL”). Additionally, uninsured or underinsured patients with income greater than 200% but less than or equal to 500% of FPL may be eligible for partial financial assistance. Financial assistance levels, based solely on FPL are:

- Family gross income less than or equal to 200% of FPL - Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 500% of FPL - Partial financial assistance; lesser of Compassionate Care Discount or Amounts Generally Billed (“AGB”).

Note: Other criteria beyond FPL may also be considered (i.e. asset thresholds, residency status, insurance status), which may result in exceptions to the preceding. Jefferson Health Financial Counselors will review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than AGB for emergency or other medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English (“LEP”) that constitutes the lesser of 1,000 individuals or 5% of the community served by Jefferson Health.