KETTERING HEALTH NETWORK**

PLAIN LANGUAGE SUMMARY

Financial Assistance Policy

Kettering Health Network's Financial Assistance Policy and programs ensure that all patients receive the best medical care available with respect and compassion for each individual financial situation. We will never put financial circumstances ahead of any medically necessary, urgent or emergent care. It is our goal to resolve and remove the financial questions and worries about your care from your experience.

Our Financial Assistance Policy and Applications required for the programs listed below are available at any hospital registration department, at www.ketteringhealth.org/financial or by mail. To obtain a copy of this information by mail you should call any of the facility numbers listed below.

Our Financial Assistance Policy, Application Form, Plain Language Summary and related information is available in English and Spanish.

Ohio Department of Job & Family Services Medicaid Programs

Applicants for Kettering Health Network's Financial Assistance Policy and programs will also be screened for Medicaid coverage and should cooperate with Medicaid representatives to be eligible for assistance under our programs. Inquire at any Patient Registration location to be directed to a Medicaid Specialist who can assist with the application process. Patients may also choose to complete an application on line at www.healthcare.gov, www.jfs.ohio.gov or call 1-800-318-2596.

Kettering Health Network Direct Financial Assistance Programs

If you qualify for direct financial assistance under one of the programs listed in this section and the level of your approval does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care than the amount generally billed to health insurance carriers.

Hospital Care Assurance Program (HCAP)

To qualify for HCAP, which provides emergency and other medically necessary, hospital-level services free of charge, your family income must be at or below the federal poverty level. Physician services are not covered by HCAP. If you qualify for HCAP, you may also be a good candidate for Ohio Department of Job & Family Services Medicaid that would pay for physician services, medications, and other services not covered by HCAP.

Application Required: Kettering Health Network: Patient Application for Financial Assistance

- Application is available from any Kettering Health Network Patient Registration Department or at www.ketteringhealth.org/financial
- Each Application is valid for 30 days
- Any patient with or without insurance may qualify if they meet federal poverty level guidelines

K4U Charity Program

K4U Charity Program, which provides a sliding scale discount based on family size and income level, is available for emergency and other medically necessary, hospital facility services. To qualify for the K4U program your family income must be less than 300% of the federal poverty guidelines. If you qualify for this program, a member of our registration team can help work out a payment arrangement for any remaining balance due.

Application Required: Kettering Health Network: Patient Application for Financial Assistance

- Application is available from any Kettering Health Network Patient Registration Department or at www.ketteringhealth.org/financial
- Each Application is valid for 30 days
- Patients who have a primary payer source like an insurance plan are not eligible for this discount

Programs Available Other Than Direct Financial Assistance

Flat-fee Surgeries

Flat fees are available for a variety of services, including cosmetic, GU and outpatient surgeries. Flat fees are limited to outpatient and observation patients. Financial arrangements are to be made in advance of the procedure and payment of the special flat fee rate must be paid in full prior to the procedure. The flat-fee rate is calculated of service performed, finances, and insurance.

Application Required: None-you can inquire with any Kettering Health Network Patient Registration for details about which procedures have special flat fee rates.

Self Pay Discount

Kettering Health Network offers Self-Pay Discount on hospital services for uninsured patients who do not qualify for any other discount or program.

Application Required: None-you can inquire with any Kettering Health Network Patient Registration for details and estimates for scheduled or anticipated procedures.

Kettering Health Network Stork Club

Kettering Health Network Stork Club Packages offer flat-fee, self-pay maternity programs that allow patients to make payments for hospital delivery services prior to delivery. Contact a hospital registration location and Obstetrician's office for additional information for each program offered.

Application Required: Kettering Health Network: Maternity Pre-Payment Plan Application

- Application is available from the Kettering Health Network Patient Registration Department associated with where you intend to deliver your baby
- A \$25.00 fee is required at the time of application

Kettering Health Network Precise Payment Options/Plans

An under-insured or un-insured patient may not qualify for financial programs offered, but may be considered for special discounts. Patients are advised to contact a registration team member or Customer Service Representative in advance to determine the best financial solution based on the patient's individual financial needs. For outpatient services, you must make payment arrangements prior to the procedure in order to obtain any special outpatient service discounts. For inpatient services, you must make payment arrangements within ten days of discharge from the hospital in order to obtain special inpatient service discounts.

Special Appeals Program

Contact Kettering Health Network hospital registration or Customer Service to apply. Patients experiencing financial hardship may request a Financial Assessment form and will need to provide a letter as to the reason(s) for the request. Kettering Health Network's Appeals Committee will carefully review the correspondence and notify the patient. We will document the outcome and apply any applicable discount. The documentation copies are stored and maintained in your file.

Application Required: Financial Assessment Form and Patient/Family prepared letter outlining the request

Kettering Health Network is here for you

If you have any questions or concerns about the payment programs available, please call the hospital where you are scheduled or received care at the phone numbers listed below.

> Kettering Medical Center: (937) 395-8880 Fort Hamilton Hospital: (513) 867-2301 Grandview Medical Center: (937) 723-3237 Greene Memorial Hospital: (937) 253-2201 Soin Medical Center: (937) 702-4875 Southview Medical Center: (937) 401-6215

Sycamore Medical Center/Kettering Behavioral Medical Center: (937) 384-8774

Kettering Health Network Customer Service: (937)384-8788