



PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY (FAP)

1. As a part of its mission, Methodist Hospital for Surgery (MHfS) provides financial assistance to patients who lack the ability to pay for emergency and medically necessary hospital services. Financial assistance does not apply to bills from Doctors, outside labs and other providers.
2. Generally, if your yearly income is less than or equal to 100% of the Federal Poverty Guidelines, [Poverty Guidelines | ASPE \(hhs.gov\)](https://www.hhs.gov/poverty-guidelines) you will qualify for financial assistance. If you qualify, your balance owed at the time of the FAP application will be written off or discounted. You can ask for help with your bill at any time during your hospital stay or billing process.
3. The determination of the ability to pay may take into account a number of variables, including income level, family size and amount of hospital charges. In extraordinary cases MHfS may take into account earning status of patient and family and the frequency of hospital and medical bills.
4. A printed free copy of the FAP and FAP application can be obtained on our website at <http://methodisthospitalforsurgery.com/financial-assistance/> Printed free copies may also be obtained at 17101 North Dallas Parkway or by calling 214-643-6515 and requesting it be mailed. Assistance with understanding and completing the FAP application can be obtained at the above address or calling the above contact number. Translated copies of the Plain Language Summary of the FAP, the application for FAP and the FAP are available at the above location or can be requested by calling the above number. The languages for which the above documents have been translated are listed in the FAP.
5. The hospital will charge a person who qualifies under the FAP less than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.