

## MARSHALL MEDICAL CENTER DISCOUNTED PAYMENT / CHARITY CARE SUMMARY

Marshall Medical Center is committed to serving the members of our community. We want to make sure that you are given every opportunity to apply for Discounted Payment or charity care, for which you may be eligible.

### ELIGIBILITY FOR DISCOUNTED PAYMENT / CHARITY CARE

You may be eligible if you submit the necessary documentation and either: (1) your family income is below 450% of the current Federal Poverty Guidelines (See 2022 Poverty Guidelines Table below); or (2) your family has high medical costs. You would have high medical costs if your annual out-of-pocket costs exceed 10% of your family gross income and essential living expenses in the prior 12 months. The specific level of assistance you may be eligible for will depend on your particular family income level.

The table below will help you understand where you might fall within the Federal Poverty Guidelines:

### 2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Persons in family household | Poverty Guidelines |
|-----------------------------|--------------------|
| 1                           | \$13,590           |
| 2                           | \$18,310           |
| 3                           | \$23,030           |
| 4                           | \$27,750           |
| 5                           | \$32,470           |
| 6                           | \$37,190           |
| 7                           | \$41,910           |
| 8                           | \$46,630           |

For Families / households with more than 8 persons, add \$4,720 for each additional person.  
[2022 Federal Poverty Table](#) link to the U.S. Department of Health & Human Services webpage

### HOW TO APPLY FOR FINANCIAL ASSISTANCE

You can apply in different ways:

- Complete an on-line application by visiting our website at [myChart](#).
- Download the application from [marshallmedical.org](#).
- Request an application be sent via mail or email by calling (530) 626-2618.
- Apply in person at our Billing Office located at 3177 Turner Street, Placerville, CA 95667 or any registration desk.

If you need assistance with completing the application, or have any questions about our program, please contact our Financial Counselors at (530) 626-2618, or visit our Billing Office located at 3177 Tuner Street, Placerville, CA 95667. Spanish translations of the Financial Assistance Policy and application, the Debt Collection Practices, and this Summary are also available.

### HOW COULD THESE PROGRAM IMPACT YOUR BILL?

If you qualify, the expenses related to the services you received could be significantly reduced or eliminated. Also, you will not be charged more than the amount generally billed to individuals with insurance coverage for emergency or other medically necessary services under the Medicare Program. This program does not apply to professional services you may receive with the exception of emergency medical care provided by the

emergency physicians at Marshall Medical Center.

Below are examples of the possible charges associated with an emergency room visit and the potential discounts available to eligible individuals under this program:

**Example: Emergency Room Visit**

| <b><i>Service</i></b>         | <b><i>Charge</i></b> |
|-------------------------------|----------------------|
| HC USE OF ER FACILITY, LVL II | \$1,169.36           |
| LAB CBC                       | 298.87               |
| LAB VENIPUNCTURE              | 58.52                |
| LAB COMPLETE METABOLIC PANEL  | 681.34               |
| <b>TOTAL CHARGES</b>          | <b>\$2,208.08</b>    |

**Example: Possible discounts (dependent on meeting qualification criteria)**

| <b>DISCOUNT TYPE</b>   | <b>CHARGES<br/>(from example above)</b> | <b>AMOUNT YOU WOULD PAY<br/>(must meet qualifications)</b> |
|--|---|--|
| Financial Assistance Level III   | \$2,208.08                              | \$180.88   |
| Financial Assistance Level II  | \$2,208.08                              | \$90.44  |
| Financial Assistance Level I   | \$2,208.08                              | \$45.22  |
| Complete Charity   | \$2,208.08                              | \$0.00   |
| All discount examples are based on the exact charges listed above. Qualifications under any of these programs require meeting guidelines established for each program. |   |  |

**COLLECTION PRACTICES**

If you have qualified for Discounted Payment or Charity Care or have negotiated a payment plan and you are reasonably cooperating with us in settling an outstanding bill, we will not knowingly send or assign your bill to an outside collection agency if we know that doing so may negatively impact your credit.

If you have not yet qualified for Discounted Payment / Charity Care but have an application pending, Marshall Medical Center shall not assign your bill to an outside collection agency until at least 180 days have passed from the date of your first billing statement and your application has been completed.

For more information about our debt collection practices, visit our website at [www.marshallmedical.org](http://www.marshallmedical.org).