

**MARSHALL MEDICAL CENTER
FINANCIAL ASSISTANCE PROGRAM 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 any discounts, including charity care, for which you may be eligible if you do not have insurance coverage.

CHARITY CARE / DISCOUNT PAYMENT

This program is based on family income that does not exceed 350% of the Federal Poverty Guidelines in place at the time you apply for eligibility consideration (See 2016 Poverty Guidelines Table below), or high medical costs that means the annual out-of-pocket costs exceed 10% of such patients' family gross income and essential living expenses in the prior 12 months. If you are eligible, 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. 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 Hospital. Below are examples of an emergency room visit and the possible discounts under this program:

Example: Emergency Room Visit

<i>Service</i>	<i>2016 Charge</i>
EMS LEVEL II	\$1,119.00
LAB CBC	286.00
LAB VENIPUNCTURE	56.00
LAB COMPLETE METABOLIC PANEL	652.00
TOTAL CHARGES	\$2,113.00

Example: Possible discounts (dependent on meeting qualification criteria)

DISCOUNT TYPE	CHARGES (from example above)	AMOUNT YOU WOULD PAY (must meet qualifications)
Financial Assistance Level III	\$2,113.00	\$146.86
Financial Assistance Level II	\$2,113.00	\$73.43
Financial Assistance Level I	\$2,113.00	\$36.72
Complete Charity	\$2,113.00	\$ 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.		

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

2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISCTRICT OF COLUMBIA

Persons in family household	Poverty Guidelines
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

For Families / households with more than 8 persons, add \$4,160 for each additional person.
<https://aspe.hhs.gov/poverty-guidelines> link to the U.S. Department of Health & Human Services webpage

COLLECTION PRACTICES

If you have an application pending for Financial Assistance, Marshall Medical Center shall not knowingly send or assign your bill to an outside collection agency prior to 180 days from the date of the first billing statement. If you have qualified for Financial Assistance 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. For more information about our debt collection practices, visit our website at www.marshallmedical.org.

HOW TO APPLY FOR FINANCIAL ASSISTANCE

You can apply in different ways:

- Complete an on-line application by visiting our website at www.marshallmedical.org;
- Download the application from our website;
- Request a paper application be sent via mail by calling (530) 626-2618;
- Apply in person at our Billing Office located at 3177 Turner Street, Placerville, CA 95667

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