



Financial Assistance Application

Atlantic General Hospital and Atlantic General Health System

ATTN: Financial Assistance, Box # 66

9733 Healthway Drive

Berlin, MD 21811-1155

410-629-6025 Office

410-641-9210 Fax

www.atlanticgeneral.org

Atlantic General Hospital • 9733 Healthway Drive • Berlin, Maryland 21811
TEL: 410-641-1100 • <http://www.atlanticgeneral.org>



Financial Assistance Summary

Plain Language Summary

Patient's Obligations and Rights regarding Hospital bills

For patients with the ability to pay, it is their obligation to pay their bill in a timely manner. If they fail to meet this obligation, they may be referred to a collection agency. If a patient believes they have been wrongly referred to a collection agency, they have the right to contact the hospital for more information at [410-641-9101](tel:410-641-9101). If a patient is uninsured or underinsured, financial assistance (FA) may be available. There are certain criteria that must be met in order to qualify for FA. If a patient applies for FA, it is their responsibility to provide all required information and supporting documents to the hospital so that their eligibility can be determined. Partial or full financial assistance will be granted based on the patient's ability to pay the billed charges. The information below summarizes Atlantic General Hospital's Financial Assistance Policy. For more information regarding FA, please call [410-629-6025](tel:410-629-6025) or visit the AGH website: <http://www.atlanticgeneral.org/fap>

Overview

It is the policy of Atlantic General Hospital/Health System to provide medically necessary services without charge or at a reduced cost to all eligible persons, who are unable to pay, according to the Hospital's guidelines. Atlantic General Hospital defines all emergency room care as medically necessary even though decisions by insurance companies may be in conflict with this decision.

A FA eligible individual may not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. Eligibility for financial assistance is based on several factors, including income (see Federal Poverty Level guidelines below), household size, assets and any special consideration that the patient would like to have considered.

Patients may be eligible for Medical Assistance or other public assistance. Patients can apply at their local Department of Social Services or online. Information and applications can be obtained from the following state websites: <https://mmcp.dhmh.maryland.gov> (MD), <http://dhss.delaware.gov> (DE), <http://www.dmas.virginia.gov> (VA). Maryland residents might be able to apply for assistance with MD Children's Health Program if the assistance is for a child or a pregnant woman. Patients may also apply for Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare (SLMB) programs if they need assistance with Medicare premiums.

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

Am I eligible?

AGH bases Financial Assistance on the patient's income level falling within these ranges:

- 0% to 200% of the Federal Poverty Guideline - 100% reduction for Medically Necessary care
- Between 201% and 225% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 75%
- Between 226% and 250% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 50%
- Between 251% and 300% of the Federal Poverty Guidelines - Reduced cost care Medically Necessary care at 25%

An application is deemed eligible for 100% Financial Assistance if a patient is enrolled in a means tested program such as:

- Reduced/free school lunches
- SNAP (food stamps)
- MEAP (energy assistance)
- WIC

There are other circumstances where Financial Assistance may automatically apply. Please contact [410-629-6025](tel:410-629-6025) for more information.

How can I apply?

The uniform financial assistance application can be found online at: <http://www.atlanticgeneral.org/fap>. This application can also be obtained at any Atlantic General Hospital Registration area (9733 Healthway Drive, Berlin, MD 21811) or the Patient Accounting Office (10026 Old Ocean City Blvd, Unit 6, Berlin, Maryland 21811). This form, the FA application and FA policy are available upon request and free of charge. These forms are also available in Spanish and Large Print.

FINANCIAL ASSISTANCE PROGRAM – IMPORTANT INFORMATION SHEET
PLEASE BE SURE TO READ THIS ENTIRE PAGE

Atlantic General Hospital and Atlantic General Health System offers a financial assistance program for patients who have a patient responsible bill, for medically necessary services, that they cannot afford.

There is an income guidelines chart available to determine if you would be eligible for the financial assistance program or not.

In order to be eligible for financial assistance, a patient must have a valid social security number, visa, or green card, and patients must apply within 240 days from the first patient responsible bill received.

A patient and his/her claimed dependents are automatically approved for 100% financial assistance for medically necessary services if the patient or a dependent has a means tested program such as food stamps, energy assistance, housing assistance, WIC, free or reduced school lunches, or SLMB. All the patient has to do is provide proof that he/she currently has one of these means tested programs.

If the patient and their dependents do not have any means tested programs, then he/she should submit a financial assistance application, their most recent federal tax return (1040) and proof of all gross income for past 12 months, for everyone on that 1040.

Income includes employment, social security, disability, unemployment, self-employment, rental income, retirement income, pension, etc.

The financial assistance program is based on family size per the patient's federal tax return (1040), and the entire household's gross income for the past twelve (12) months.

The patient should submit the financial assistance application and/or financial documents to:

Atlantic General Hospital
ATTN: Financial Assistance, Box # 66
9733 Healthway Drive
Berlin, MD 21811

The application and/or financial documents can also be faxed to 410-641-9210, or dropped off to the Financial Assistance Office at Central Registration, Atlantic General Hospital - Emergency Room Entrance, 9733 Healthway Drive, Berlin, MD 21811.

The patient should submit the financial assistance application and required documents as soon as possible. If all of the required documents are not received within three (3) weeks from the date the application is received, the application may be denied, and the patient will be responsible for the bill.

If a patient appears eligible for State Medical Assistance, then he/she must apply and get the results before we can finalize his/her financial assistance application.

Patients may be approved for 100% financial assistance, 75%, 50%, or 25% - - - - for medically necessary services.

If a patient and his/her claimed dependents have bills from Atlantic General Hospital totaling more than 25% of the total family income for the past twelve months, each dependent listed on the tax return may be eligible for financial assistance hardship.

Once the financial assistance application has been processed, a letter with the results will be mailed to the patient.

Atlantic General Hospital's financial assistance program is not insurance. It covers bills from Atlantic General Hospital, and Atlantic General Health System (doctors, surgeons, hospitalists, anesthesiologists, etc. that are employed by AGH) for medically necessary services, if the patient cannot afford the bill and is eligible for the financial assistance program. It does not include bills from other providers such as Emergency Service Associates, Delmarva Radiology, Peninsula Pathology, Delmarva Heart, etc. The patient must call these companies and inquire about their assistance programs.

Every time the patient gets a bill from Atlantic General Hospital or Atlantic General Health System, he/she must call the number on the bill and discuss his/her options.

If you have any questions about the financial assistance program, please call our Financial Counselor at 410-629-6025.

Atlantic General Hospital
Financial Assistance Program Guidelines

Effective 01-14-19

Table 1

Income Scale for AGH Financial Assistance based on Federal Poverty Guidelines

Financial Assistance (FA) %		100%	75%	50%	25%
Persons in Family / Household	2019 Income based on Federal Poverty Guidelines	Income Multiple			
		Up to 200%	201% up to 225%	226% up to 250%	251% - 300%
1	\$12,490	\$24,980	\$28,103	\$31,225	\$37,470
2	\$16,910	\$33,820	\$38,048	\$42,275	\$50,730
3	\$21,330	\$42,660	\$47,993	\$53,325	\$63,990
4	\$25,750	\$51,500	\$57,938	\$64,375	\$77,250
5	\$30,170	\$60,340	\$67,883	\$75,425	\$90,510
6	\$34,590	\$69,180	\$77,828	\$86,475	\$103,770
7	\$39,010	\$78,020	\$87,773	\$97,525	\$117,030
8	\$43,430	\$86,860	\$97,718	\$108,575	\$130,290

For families/households with more than 8 persons, add \$5,530 for each additional person

Table 2

Income Scale for AGH Medical Hardship Assistance based on Federal Poverty Guidelines

Financial Assistance (FA) %		100%	75%	50%	25%
Persons in Family / Household	2019 Income based on Federal Poverty Guidelines	Income Multiple			
		Up to 200%	300%	400%	500%
1	\$12,490	\$24,980	\$37,470	\$49,960	\$62,450
2	\$16,910	\$33,820	\$50,730	\$67,640	\$84,550
3	\$21,330	\$42,660	\$63,990	\$85,320	\$106,650
4	\$25,750	\$51,500	\$77,250	\$103,000	\$128,750
5	\$30,170	\$60,340	\$90,510	\$120,680	\$150,850
6	\$34,590	\$69,180	\$103,770	\$138,360	\$172,950
7	\$39,010	\$78,020	\$117,030	\$156,040	\$195,050
8	\$43,430	\$86,860	\$130,290	\$173,720	\$217,150

For families/households with more than 8 persons, add \$5,530 for each additional person

*Atlantic General Hospital's Medical Hardship provision applies to patients whose household income is between 0% - 500% of the Federal Poverty Guidelines. Medical Hardship is defined when the household's total Atlantic General Hospital bills exceed 25% of the household's annual family income. If the patient qualifies under both Table 1 and Table 2, the more favorable amount of financial assistance will be provided.

Maryland State Uniform Financial Assistance Application

Information About You

Name: _____
First Middle Initial Last

Social Security Number _____ - _____ - _____ Marital Status: Single Married Separated

US Citizen: Yes No Permanent Resident: Yes No

Home Address: _____
Street Address

City State Zip code Country

Home Phone: _____

(Area Code) ### - ####

Employer Name & Address: _____
Employer Name

Street Address

City State Zip code

Work Phone: _____

(Area Code) ### - ####

Household Members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____/_____/_____ (MM/DD/YYYY)

If yes, what was the determination?

Do you receive any type of state or county assistance? Yes No

Please return the completed application and required documents to:

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please call our Financial Counselor at 410-629-6025.

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount

Employment _____
Retirement/pension benefits _____
Social security benefits _____
Public assistance benefits _____
Disability benefits _____
Unemployment benefits _____
Veterans benefits _____
Alimony _____
Rental property income _____
Strike benefits _____
Military allotment _____
Farm or self employment _____
Other income source: _____
Total _____

II. Liquid Assets

Current Balance

Checking account _____
Savings account _____
Stocks, bonds, CD, or money market _____
Other accounts _____
Total _____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home : Loan Balance: _____ Approximate value: _____
Automobile: Make: _____ Year: _____ Approximate value: _____
Additional vehicle: Make : _____ Year: _____ Approximate value: _____
Additional vehicle: Make: _____ Year: _____ Approximate value: _____
Other property: _____ Approximate value: _____
Total _____

IV. Monthly Expenses

Amount

Rent or Mortgage _____
Utilities _____
Car payment(s) _____
Credit card(s) _____
Car insurance _____
Health insurance _____
Other medical expenses _____
Other expenses _____
Total _____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient