



## I. PURPOSE

The purpose of this Financial Assistance Policy is to establish consistent guidelines for providing Financial Assistance to all qualifying Indiana University Health ("IU Health") Insured Patients and Uninsured Patients, regardless of their ability to pay for services.

## II. SCOPE

This Policy applies to IU Health hospital facility, IU Health Medical Group (IUHMG) provider, IU Health Ambulatory Surgery Center (ASC), and IU Health retail pharmacy charges incurred by eligible patients under this Policy receiving Qualifying Care, defined in this policy, including emergent and/or medically necessary services, regardless of location.

This policy does not apply to charges for services rendered by individual providers who are not employed by IUHMG; it only covers charges for services rendered by providers employed by IUHMG. A list that distinguishes between providers employed by IUHMG versus providers who are not employed by IUHMG, that may furnish services at IU Health locations, is available at <https://iuhealth.org/pay-a-bill/financial-assistance>.

## III. EXCEPTIONS

Any exceptions to this Policy must be approved by the Financial Assistance Committee.

## IV. DEFINITIONS

**Amounts Generally Billed (AGB):** The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

**Assets:** Any tangible or intangible item owned and/or controlled by a patient or their guarantor which has monetary value.

**Extraordinary Collection Actions (ECA):** Actions against a patient or guarantor taken by IU Health or its agents related to obtaining payment for care covered under this Policy.

**Federal Poverty Level (FPL):** Guidelines developed by the U.S. Department of Health & Human Services on an annual basis. Levels are determined by the number of members in an individual's household and their annual income.

**Financial Assistance:** A reduction in the amount of Patient Responsibility incurred by a patient or their guarantor who is eligible for assistance under this Policy.

**Financial Assistance Application:** A formal application completed by the patient or their guarantor for Financial Assistance.

**Financial Assistance Committee:** A panel comprised of Revenue Cycle Services team members responsible for reviewing appeals of Financial Assistance Determinations and certain requests for Financial Assistance.

**Financial Assistance Determination:** A grant or denial of Financial Assistance made under this Policy.

**Gross Charge:** The full, established price for medical care that the hospital facility consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

**Hardship:** An inability or significant difficulty to pay reasonable and necessary living expenses.

**Household:** All individuals listed on a patient's, or their guarantor's, federal income tax filing. Guarantors of a minor dependent who do not claim the dependent on their federal taxes may submit a court decree as proof of the dependent's household status. In the event the patient or guarantor's income does not warrant the filing of a federal tax statement, the patient or guarantor may submit an affidavit attesting to the foregoing.

**Income:** Interest, dividends, wages, compensation for other services, tips, pensions, fees for earned services, price of goods sold, income from rental property, gains on sale of other property, alimony, or royalties.

**Indiana Resident:** Any individual who was domiciled in Indiana at the time of approval and can provide an Indiana driver's license or two of the following documents:

- U.S. Postal Service change of address confirmation.
- An Indiana voter registration card.
- Survey of your Indiana property.
- Utility company, credit card, doctor, or hospital bill issued within 60 days of application.
- Residence mortgage or similar loan contract, or lease or rental contract.
- Bank statement or bank transaction receipt, dated within 60 days of application.
- Current motor vehicle loan payment book.
- Valid homeowner's, renter's, or car insurance policy dated within one year of application.
- W-2 Form, property tax, excise tax bill, or Social Security Administration or other pension or retirement annual benefit summary statement, dated within current or immediately prior year.
- Pre-printed pay stub, dated within 60 days of application.
- Indiana Department of Child Services child support check stub, Medicaid or Medicare benefit statement dated within 60 days of application.
- First-class mail from any federal or state court or agency, dated within 60 days of application.
- Public or private school records indicating an enrolled student's name and residence address.

**Insured Patient:** A patient who has a commercial insurance product, a government insurance/assistance product, or a previous contract or agreement negotiated with IU Health to which the patient is a contemplated party or beneficiary.

**Medically Necessary Care:** Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

**Non-Covered Service:** A health care service or supply not included in an Insured Patient's current insurance coverage and for which the patient has not negotiated a contract or agreement with IU Health for payment of the service.

**Patient Responsibility:** The portion of charges for which the patient is responsible, including any applicable coinsurance, co-pays, deductibles, and charges for non-covered services.

**Pre-negotiated Agreement:** An agreement where the price for a treatment is decided upfront and fixed before the treatment starts. It is not a payment plan.

**Qualifying Care:** Services to treat medical conditions that the absence of immediate medical attention could reasonably be expected to result in placing the health of the person in serious jeopardy, serious impairment to

bodily functions, or serious dysfunction of any bodily organ or part; or services that treat medical conditions that are of lesser severity than those requiring immediate medical attention, but that without timely medical treatment will place the health of the person in serious jeopardy.

**Underinsured Patient:** An Insured Patient for whom it would be a financial or personal Hardship to fully pay the Patient Responsibility as determined by this policy.

**Uninsured Patient:** A patient who lacks a commercial insurance product, a government insurance/assistance product, or a previous contract or agreement negotiated with IU Health to which the patient is a contemplated party or beneficiary.

## V. POLICY STATEMENTS

### A. General

1. IU Health will not refuse, delay, or discourage emergent services based on a patient's ability to pay for the cost of such services in accordance with the Emergency Medical Treatment and Labor Act (EMTALA).
2. IU Health will not charge financial assistance eligible patients more than the Amount Generally Billed (AGB) for emergency or medically necessary care.
3. Financial Assistance Determinations will be made without regard to a patient's age, race, religion, color, sex, disability, national origin, sexual orientation, ancestry, and familial status.
4. IU Health will actively promote awareness of the availability of Financial Assistance to all patients.

### B. Discounts Outside of the Financial Assistance Policy

1. IU Health may offer additional reductions in the cost of care not specifically defined within this Policy. These discounts are not reported as financial assistance on Schedule H of IU Health's Form 990.

### C. Amounts Generally Billed Discount for Uninsured Patients

1. Financial Assistance via a reduction in Patient Responsibility to the Amounts Generally Billed is available to all Uninsured Patients presenting for services at an IU Health hospital facility.
2. This discount will be automatically applied, and no Financial Assistance Application is required.

### D. Other Discounts for Uninsured Patients

1. Uninsured Patients receiving care from an IU Health Medical Group employed provider, at an IU Health ASC, or IU Health retail pharmacy may receive a discount applied to their charges.

### E. Discount for Patients Receiving Non-Covered Services

1. IU Health may extend Financial Assistance via a reduction in Patient Responsibility to Insured Patients receiving Non-Covered Services, as follows:
  - a. Seventy-five percent (75%) reduction for Insured Patients who receive notice of non-coverage prior to receiving services;
  - b. One hundred percent (100%) reduction for Insured Patients who did not receive notice of non-coverage prior to receiving services;
2. IU Health may apply the reduction after receiving a claim denial for reasons of non-coverage or at the patient's request, assuming the patient qualifies for Financial Assistance under this Section D.
3. Insured Patients are not required to apply for Financial Assistance for Non-Covered Services.

### F. Financial Assistance due to Financial Hardship

1. To be eligible for Financial Assistance due to financial Hardship under this Policy, a patient or guarantor must:
  - a. Submit a completed Financial Assistance Application with all supporting documentation and be approved in accordance with this Policy;
  - b. Be an Indiana Resident as defined in this Policy; and
2. If Uninsured, consult with a member of IU Health's Financial Counseling department to determine if health care coverage may be obtained from a government insurance or assistance product, the Health Insurance Marketplace, or from any other source of coverage.
3. Financial Assistance due to Financial Hardship is only available for Qualifying Care, as defined in this Policy.

4. The FPL income threshold under this section is as follows:

# of Adults in Household*	# of Dependents in Household	FPL Income Threshold
1 or more	0	200%
2 or more	1 or more	250%
1	1 or more	300%

\*In some instances, an adult will also qualify as a dependent. When this occurs, IU Health will treat the adult as a dependent for purposes of the FPL calculation.

G. Financial Assistance due to Personal Hardship

1. In order to be eligible for Financial Assistance due to personal Hardship under this Policy, a patient or guarantor must:
  - a. Submit a completed Financial Assistance Application with all supporting documentation and be approved in accordance with this Policy;
  - b. Be an Indiana Resident as defined in this Policy; and
  - c. If Uninsured, consult with a member of IU Health's Financial Counseling department to determine if health care coverage may be obtained from a government insurance or assistance product, the Health Insurance Marketplace, or from any other source of coverage.
2. An Uninsured or Underinsured patient or their guarantor may be eligible for Financial Assistance if the Household's outstanding Patient Responsibility exceeds 5% of the patient's or their guarantor's annual household income.
3. If approved, the Household's balance will be reduced to 5% of the patient or guarantor's annual household income.
4. IU Health may use external data sources to determine eligibility and may adjust patient balances according to this Policy so that patients may be considered presumptively eligible for Personal Hardship financial assistance.

H. Eligibility Period

1. If approved for Financial Assistance by IU Health under Sections IV.E-F, the patient will be guaranteed financial assistance for treatment related to the underlying condition, for which the patient was originally screened and approved, through the remainder of the calendar year.
2. As a condition of extending the ongoing Financial Assistance, the patient must comply with requests from IU Health to verify that the patient continues to meet the conditions for qualification.

I. Appeals and Assistance Granted By the Financial Assistance Committee

1. The Financial Assistance Committee will review and make determinations on all requests for appeals related to Financial Assistance. If a patient or guarantor seeks to appeal a Financial Assistance Determination, a request must be submitted, along with any additional information or requested supporting documentation, if applicable.
2. The Financial Assistance Committee will review requests for and may grant additional Financial Assistance, including but not limited to, the following:
  - a. Assistance to patients who are seeking treatment that can only be provided in Indiana by IU Health or who would benefit from continued medical services from IU Health for continuity of care;
  - b. Care approved by an IU Health Chief Medical Officer (CMO), Chief Executive Officer (CEO) or Chief Financial Officer (CFO) of an IU Health facility or region, including medically necessary non-elective services for which no payment source can be identified;
  - c. Care provided when it is known no payment source exists;
  - d. Care provided, due to medical urgency, for which a payer denies payment;
  - e. International humanitarian aid; and
  - f. Other care identified by the Financial Assistance Committee that fulfills the IU Health Mission.
3. All decisions of the Financial Assistance Committee are final.

J. Presumptive Eligibility

1. A Financial Assistance Application is not required to receive Financial Assistance under this Presumptive Eligibility section.
  - a. IU Health may use external data sources to confirm presumptive eligibility and adjust balances in line with this Policy.

2. IU Health will deem patients or their guarantors presumptively eligible for Financial Assistance if they are found to be eligible for one of the following programs and the patient received Qualifying Care, as defined in this Policy.
  - a. Medicaid (any state)
  - b. Indiana Children's Special Health Care Services
  - c. Healthy Indiana Plan
  - d. Patients who are awarded Hospital Presumptive Eligibility (PE)
  - e. Patients approved for the Eskenazi Health Advantage program
  - f. A state and/or federal program that verifies the patient or guarantor's gross household income meets the FPL income threshold.
3. IU Health will conduct a quarterly review of all accounts placed with a collection agency partner for at least one hundred and twenty (120) days after the account is eligible for an ECA as set forth in this Policy. If the patient or guarantor's individual scoring criteria demonstrates the patient has a low likelihood and/or propensity to pay or no credit, the patient or guarantor may be deemed presumptively eligible for Financial Assistance.
  - a. IU Health may also periodically conduct a similar review on patient balances not placed with a collection agency, and presumptively qualify patients for Financial Assistance.
4. Financial Assistance may additionally be granted in the following circumstances:
  - a. If the patient or their guarantor is found to have filed a petition for bankruptcy.
  - b. If the patient is deceased and found to have no estate.
  - c. If the patient is deceased and was under 21 years of age at the time of death.

#### K. Exhaustion of Alternate Sources of Assistance

1. Patients may be required to exhaust all other state and federal healthcare coverage assistance programs prior to receiving Financial Assistance due to financial or personal Hardship under this Policy including, but not limited to, Medicaid.
2. Patients who may be eligible for coverage under an applicable health insurance policy must exhaust all insurance benefits.
  - a. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy.
  - b. IU Health may request patients show proof that such a claim was properly submitted to the appropriate insurance provider before awarding Financial Assistance.
3. Eligible patients who receive medical care from an IU Health facility as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award.
4. In the event Financial Assistance has already been granted in the above circumstances, IU Health reserves the right to reverse the Financial Assistance Determination in an amount equal to the amount IU Health would be entitled to receive had no Financial Assistance been awarded.

#### L. Patient Assets

1. There are situations where a patient or their guarantor may have significant income or assets available to pay for healthcare services such as a legal settlement. The Financial Assistance Committee may evaluate the income or assets in determining financial Hardship.
2. IU Health may require a list of all property owned by the patient or guarantor and adjust a Financial Assistance Determination as a result.

#### M. Calculation of Charges for Patients Eligible for Financial Assistance

1. IU Health limits the hospital facility charges billed to patients eligible for Financial Assistance due to financial Hardship to not more than the Amounts Generally Billed (AGB) at the respective IU Health hospital facility where the patient received services.
2. IU Health employs the look-back method as the basis for calculating the AGB at each IU Health hospital facility. The AGB is based on the annual average reimbursement received from all commercial health insurers and Medicare fee-for-service.
3. The AGB is calculated annually, unique for each separately licensed IU Health hospital facility covered by this Policy, and available on the IU Health website.
4. The methodology of the above calculation and/or the AGB for an individual hospital facility is available free of charge upon a written request submitted via email to [FinancialAssistance@IUHealth.org](mailto:FinancialAssistance@IUHealth.org) or a call to Financial Counseling toll-free at 1-888-531-3004.

## VI. PROCEDURES

### A. Publication of the Availability of Financial Assistance to the Community

1. IU Health will take the following actions to ensure the availability of Financial Assistance under this Policy is widely publicized:
  - a. Post this Policy, a Plain Language Summary of this Policy, and the Financial Assistance Application on its website.
  - b. Provide patients with a Plain Language Summary of this Policy during registration and/or discharge.
  - c. Post conspicuous displays in appropriate acute care settings such as emergency departments and registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application.
  - d. Include a conspicuous written notice on all patient post-discharge billing statements notifying the patient about this Policy and the telephone number of the Customer Service Department which can assist patients with questions regarding this Policy.
  - e. Make available Customer Service representatives via telephone during normal business hours.
  - f. Mail copies of this Policy, a Plain Language Summary of this Policy, and a Financial Assistance Application to patients or their guarantor free of charge upon request.
  - g. Broadly communicate this Policy as a part of its general outreach efforts.
  - h. Educate patient-facing team members on this Policy and the process for referring patients to the program.

### B. Financial Assistance Application

1. Financial Assistance Applications must include the following documentation:
  - a. All sources of Income for the Household or the Guarantor for the last three (3) months, including at least one of the following:
    - i. Most recent three (3) months of pay stubs or Social Security Benefits;
    - ii. Most recent state and federal tax returns, complete with all Schedules; or
    - iii. Most recent W-2 statement;
  - b. Most recent three (3) statements from checking and savings accounts, certificates of deposit, stocks, bonds and money market accounts.
  - c. In the event the patient or guarantor's income does not warrant the filing of a federal tax statement, the individual may submit an affidavit attesting to the foregoing.
  - d. If applicable, divorce/dissolution decrees and child custody order.
2. Patients or their guarantors wishing to apply for Financial Assistance due to financial Hardship are encouraged to submit an Application within ninety (90) days of discharge. Patients or their guarantors may submit an Application up to two-hundred and forty (240) days from the date of their initial post-discharge billing statement from IU Health, however, accounts may be subject to ECA as soon as one-hundred and twenty (120) days after receipt of the initial post-discharge billing statement.
  - a. Patients or their guarantors submitting an incomplete Financial Assistance Application will receive written notification of the Application's deficiency upon discovery by IU Health. The Application will be pended for a period of forty-five (45) days from the date the notification is mailed.
  - b. IU Health will suspend any ECA until the Application is complete or the expiration of the forty-five (45) day period.
3. Patients with limited English proficiency may request a copy of this Policy, a Financial Assistance Application, and a Plain Language Summary in one of the below languages:
  - a. Arabic;
  - b. Burmese;
  - c. Burmese - Falam;
  - d. Burmese - Hakha Chin;
  - e. Mandarin/Chinese; or
  - f. Spanish
4. The patient, and/or their representative, such as the patient's physician, family members, legal counsel, community or religious groups, social services or hospital personnel may request a Financial Assistance Application be mailed to a patient's primary mailing address free of charge.
5. IU Health maintains the confidentiality of all Financial Assistance Applications and supporting documentation.

6. IU Health will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance Application.

C. Financial Assistance Determinations

1. After receiving a completed Application and all requested documentation, IU Health will inform patients or guarantors of the results of their Application by providing the patient or guarantor with a Financial Assistance Determination within ninety (90) days.
2. A patient's Financial Assistance Application and Financial Assistance Determination are specific to each date(s) of service and approved related encounters.
3. If a patient or Guarantor is granted less than full charity assistance and the patient or guarantor provides additional information for reconsideration, Revenue Cycle Services may amend a prior Financial Assistance Determination.

D. Extraordinary Collection Actions

1. IU Health may refer delinquent patient accounts to a third-party collection agency after utilizing reasonable efforts to determine a patient's eligibility for assistance under this Policy. Reasonable efforts include the following:
  - a. IU Health and its Third-Party Collection Agency will notify the patient of this Policy at least thirty (30) days prior to initiating an ECA.
  - b. IU Health and its Third-Party Collection Agency will not initiate an ECA for at least one- hundred and twenty (120) days after the patient's initial post-discharge billing statement.
  - c. IU Health and its Third-Party Collection Agency will review all Financial Assistance Applications received up to and including two-hundred and forty (240) days after the patient's initial post- discharge billing statement. IU Health will cease any ECAs it has initiated upon receipt of a Financial Assistance Application until a Financial Assistance Determination is made under this Policy.
  - d. If an Application is approved, IU Health and its Third-Party Collection Agency will issue a revised statement, issue refunds, and make reasonable efforts to reverse ECAs as necessary.
2. When it is necessary to engage in such action, IU Health and its third-party collection agencies will engage in fair, respectful, and transparent collections activities.

E. Refunds

1. Patients eligible for Financial Assistance under this Policy who remitted payment to IU Health in excess of their Patient Responsibility will be alerted to the overpayment as promptly after discovery as is reasonable given the nature of the overpayment.
2. Patients with an outstanding account balance due on a separate account will have their refund applied to the outstanding balance.
3. Patients without an outstanding account balance described above will be issued a refund check for their overpayment as soon as technically feasible.

## VII. CROSS REFERENCES

None

## VIII. REFERENCES/CITATIONS

None

## IX. FORMS/APPENDICES

IU Health Financial Assistance Application Form

## X. APPROVAL BODY, IF APPLICABLE

None

01/01/2026  
Effective Date