

SUMMARY OF INDIANA UNIVERSITY HEALTH FINANCIAL ASSISTANCE POLICY

Financial assistance is available to all eligible patients receiving Qualifying Care, defined in our Policy, at an IU Health hospital, retail pharmacy, ambulatory surgical center (ASC), or from Providers employed by IU Health Medical Group (IUHMG). If you receive Qualifying Care at an IU Health hospital and are uninsured, you will automatically receive a discount and be billed only the amount that is generally billed to patients with insurance coverage at that IU Health hospital. Uninsured patients receiving Qualifying Care from an IU Health retail pharmacy, ASC, or IUHMG may receive a discount. If you receive a medically necessary service that your insurance does not cover, you may receive a discount similar to the discount received by uninsured patients. If you enter into a pre-negotiated agreement, defined in our Policy, with IU Health for payment of services, you will not qualify for financial assistance under this Policy.

If you are an Indiana resident, as defined in the IU Health Financial Assistance Policy, who receives Qualifying Care, you may be eligible to receive additional assistance if paying your medical bills is a financial hardship and you apply. If you meet the Federal Poverty Level (FPL) criteria below, you may be eligible for financial assistance up to the full amount of your medical bill.

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

If your income is above these levels but the amount you owe is more than 5% of your annual household income, you may be eligible for a discount to reduce your patient balance to 5% of your annual income. No hospital patient approved for financial assistance due to financial hardship will be charged more than the amounts generally billed to patients who have insurance coverage for similar care provided at the respective IU Health hospital facility where the patient received services.

Complete Financial Assistance Applications must include all required attachments and information to be considered. IU Health may determine that you qualify for additional assistance and aid you in the completion of an application for state assistance programs including Medicaid and the Healthy Indiana Plan. If financial assistance is approved, you will receive written notification and an updated statement with your reduced balance.

The IU Health Financial Assistance Application, Financial Assistance Policy and a summary of IU Health financial assistance are available for free at the registration desk at any IU Health location or online at www.iuhealth.org/financialassistance. The policy, application, and this plain language summary are available to download or print in English as well as the following languages: Arabic, Burmese, Hakha Chin, Falam, Mandarin Chinese, and Spanish.

To learn more about available financial assistance, the application process, request an enrollment appointment with a certified Financial Navigator, or request a free copy of the application materials by mail, please contact us at 1-888-531-3004 or seek assistance at the registration desk at any IU Health location.