

Uninsured Discount Program Application

Methodist Hospital is committed to providing quality medical care to our patients, regardless of their ability to pay. We have several financial assistance programs available based upon eligibility guidelines that focus on a patient's ability to pay for medically necessary health care services performed at Methodist Hospital.

Patient name _____

Patient date of birth _____

Account number/MRN _____

Date of procedure _____

Uninsured Discount Program Guidelines

The Uninsured Discount program assists patients whose medically necessary care is not covered by insurance, and whose family gross income is less than \$125,000. If eligible, a 41.1 percent discount on medically necessary procedures is given. Charges for services provided at Methodist Hospital can be considered for the discount. These charges may include room fees, meals, lab tests, X-rays and medical supplies. This does not include fees for surgeons, consultants, specialists, radiologists, pathologists, anesthesiologists or other health care professionals. These doctors will bill you their charges separately.

Family gross income is less than \$125,000.

In order for your first bill to reflect the discount, you must submit a completed application within 30 days of the date you received care. The brief application asks for information about family size, employment income, assets, insurance and current tax information. We will help you get into the program that best meets your needs.

I have received a Financial Assistance Application.

I understand that if my application has not been received 30 days from the date of the procedure or discharge, I will receive a bill without the discount.

Signature _____

Date _____