

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE PROGRAM POLICY

Financial Assistance Offered

Broward Health provides financial assistance through its Financial Assistance Program to defray the costs of emergency or medically necessary services to uninsured patients who permanently reside within Broward Health's service area and meet the other requirements of the Financial Assistance Program Policy. Patients admitted via emergency transport or other acceptable circumstances who do not meet the residency requirement guidelines can be eligible for a one-time approval based on the other requirements of the Financial Assistance Program Policy.

How to Apply for Assistance

In order to apply for financial assistance, applicants must gather all information requested on the financial assistance checklist and meet personally with a Broward health financial counselor to complete a financial assistance application online.

Contact Information

For more information regarding Broward Health Financial Assistance Program, or assistance with the application process, please visit us online at www.browardhealth.org/moped. Additional information is also available by mail or in person at all four Medical Centers.

Broward Health Medical Center, 1600 S. Andrews Avenue, Fort Lauderdale, FL 33316 (954) 355-5442

Broward Health North, 201 E. Sample Rd., Deerfield Beach, FL 33064 (954) 786-6589

Broward Health Imperial Point, 6401 N. Federal Highway, Fort Lauderdale, FL 33308 (954) 776-8708

Broward Health Coral Springs, 300 Coral Hills Drive, Coral Springs, FL 33065 (954) 344-3006.

Eligibility Requirements

Each financial assistance application and income statement will serve to determine eligibility for all uninsured household family members listed within the application.

Applicants must first apply for available assistance programs (examples include, but are not limited to, Health Insurance Marketplace, Medicaid, Medicare, Florida KidCare, etc.) and comply with the application process, in order to be deemed eligible for Broward Health financial assistance. Failure to do so will result in denial of the application or revocation of the approved financial assistance.

In accordance with the Federal Poverty Guidelines a qualified/approved applicant whose family income falls below or at 200% of the Federal Poverty Guidelines will receive full financial assistance with a \$10 or \$25 co-pay responsibility (depending upon income level).

Applicants must provide proof of United States citizenship or permanent legal residency and have resided within the geographical boundaries of Broward Health for no less than 30 days prior to the date of service to be eligible for financial assistance.

Availability of Translations of the Financial Assistance Policy

Translations of the Financial Assistance Policy, Financial Assistance Program Application and this plain language summary are available in English, Spanish, Portuguese, and Creole at www.browardhealth.org/moped.

Amounts Generally Billed

A patient determined to be eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care