

INTRACARE NORTH HOSPITAL

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY (FAP)

1. As a part of its mission, Intracare North Hospital ("ICN") provides financial assistance to patients who lack the ability to pay for psychiatric necessary health care services in ICN. Financial assistance does not apply to doctors' bills, discharge prescriptions, outside labs and other providers after patient being discharged from ICN.
2. In general, you have to complete and submit a Financial Assistance Application Form with supporting documents for review, verification and approval. Then if your application is verified and your annual or twelve consecutive monthly income and other income resources combined are less than or equal to 200% of the Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty/index.cfm>, you will qualify for financial assistance. If you qualify and are approved by the Hospital Administrator, Chief Financial Officer and/or Business Office Director, your balance owed at the time of the FAP application or at discharge date from ICN or at the time of billing will be written off or discounted. You can ask for help with your bill at any time during your hospital stay or billing process by contacting our hospital Financial Counselor in person or via telephone.
3. Our process for determining the ability to pay may take into account a number of variable, including income level, family size, other assets, other income resources, amount of hospital charges, proof of employment, proof of income and credits check. In some cases, the Hospital may take into account earning status of patient and/or family members and the frequency of hospital and medical bills.
4. A printed free copy of the FAP and FAP application can be obtained on our web site at <http://www.intracare.org> . Printed free copies may also be obtained at 1220 Cypress Station Drive, Houston, TX 77090 in person or by calling 281-893-7200, x3121 and requesting it be mailed. Assistance in understanding how to complete the FAP application can be obtained at the above address or by calling the above contact numbers. Please mail the completed and signed Financial Assistance Application Form with supporting documents to the above address within 10 calendar days of receipt or fax to 832-249-3599.
5. ICN does not have any translated copies of FAP, Plain Language Summary, Financial Assistance application, and Billing and Collections Policy for limited English proficient individuals who representing less than 0.25 percent (0.25%) or 6 individuals of the community served by ICN annually. ICN will work with the individuals and their family members who speak English in understanding these documents and can assist ICN in translating these documents, and/or ICN can contract a specific foreign language interpreter to assist completing the FAP application form and in understanding all documents required.
6. The Hospital will charge a person who qualifies under the FAP less than the amounts generally billed for psychiatric necessary health care to patients who have insurance covering such care.