

Financial Assistance

What is “charity care?”

Many hospitals have financial assistance or “charity care” available. Some are required to offer free or discounted care as part of their non-profit status.

Can I get assistance?

Potentially! While exact requirements are different for different hospitals, a general rule of thumb is anyone who is below 200% of the Federal Poverty Level (often receiving other government services) is eligible for free care.

BE SURE TO ASK IF YOU ARE ELIGIBLE!

Is there a time limit for asking for assistance?

Yes. Generally, you must ask within 45 days of being discharged to be considered for charity care. Again, you must ask. This option frequently will not be offered to you without asking first.

3 Quick Tips to Help You Address Medical Debt:

- 1) Ask for financial assistance
- 2) Ask for an itemized bill
- 3) Negotiate and ask for a discount on cost

Information enclosed in this pamphlet is **not** a substitute for legal advice and should not be considered legal advice.

Do you want more information and guidance?

More resources available at
**[institute.incap.org/
medical-debt-know-your-rights](http://institute.incap.org/medical-debt-know-your-rights)**

Dealing with Medical Debt

A peer-informed guide to learn practical tips, what rights you have, and ways to reduce healthcare costs.



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Reducing Medical Bills:

3 Tips and Tricks!

Disputing a Bill

If you receive a medical bill that feels way more expensive than you were expecting, you can **dispute** it. This means you call the hospital billing department, tell them the bill was higher than expected, and ask for an itemized bill sent to your home.

You can request also to not make payments until after you have received the itemized bill. This is called **holding a bill**, and this can give you time to confirm that the charges are correct (they do not have to hold your bill).

Once you have the itemized bill, you can check the charges and then call the billing department if you found an error.

NOTE: It is common for hospitals and providers to bill separately! Be sure to request itemized copies of BOTH bills.

The No Surprises Act

The No Surprises Act is a **federal law** that limits the bills for emergency medical services to in-network rates for individuals with insurance. This means that even for patients who are out-of-network for an emergency, they are **not charged out-of-network rates**. The No Surprises Act also means that if you have insurance you can pay in-network rates for a doctor or department at an in-network facility—even if the doctor or department is out-of-network.

For individuals without health insurance, they can request “**good faith estimates**” for the cost of their care in advance (you must ask). If you receive an estimate and the cost of care ultimately is more than \$400 off from what you were told it would cost, then you can **dispute the bill**. Disputing the bill means following the process outlined to the left, and then you filing a complaint with the government at www.cms.gov/medical-bill-rights.

Discounts and Negotiations

When faced with an expensive medical bill, did you know that you could ask for a discount? Some hospitals offer discounts for **immediate payments**, discounts if you express that you need one, and discounts for **paying all bills together**. To take advantage of these, call your billing department and ask if they can give you a better rate, or if you could pay a certain amount immediately to cover all bills.

