

## **SOUTHEAST GEORGIA HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY – PLAIN LANGUAGE SUMMARY**

### **Financial Assistance Offered**

The mission of Southeast Georgia Health System (SGHS) is to provide quality, accessible and cost-effective care to every patient. As part of this mission, SGHS provides financial assistance through its Financial Assistance Policy for eligible patients unable to pay for emergency or medically necessary care.

### **Eligibility Requirements and Assistance Offered**

SGHS provides financial assistance to eligible uninsured and underinsured patients whose household income is less than 300% of the Federal Poverty Level (FPL). The level of discount for which a patient is eligible is determined based on the patient's household income as a percentage of the FPL. Patients with a household income at 300% or greater of the FPL are not eligible for financial assistance under the Financial Assistance Policy, but may be eligible for Catastrophic Financial Assistance based on a review of the patient's circumstances if the SGHS debt is greater than \$10,000.

This Financial Assistance Policy applies to services provided in the hospital setting, as well as physician services provided in the hospital setting by physicians in SGHS' affiliated physician group, Cooperative Healthcare Services, Inc. (CHSI).

### **How To Apply for Financial Assistance**

A patient who believes he or she may qualify for Financial Assistance must request and submit the Financial Assistance Application. Patients must fully comply with the application process, including submitting requested supporting documentation. In addition, the patient must complete the application process for all available sources of assistance, such as Medicaid. Financial Counselors are available to assist with completing a Financial Assistance Application. After an application is received, it will be reviewed and a written determination as to the amount of financial assistance available, or any additional information needed for consideration, will be provided.

### **Where To Obtain Copies**

SGHS' Financial Assistance Policy and Application are available free of charge by calling the Financial Assistance Department at 1.912.466.5000 and requesting a copy by mail or email. The policy and application are also available online at [www.sghs.org/about/financialassistance](http://www.sghs.org/about/financialassistance) for downloading and printing. Copies of the policy and application are also available at the Brunswick Campus in the Admissions Office, Business Office and Emergency Care Center and at the Camden Campus at the Admissions Office and Emergency Care Center.

### **Contact for Information and Assistance**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from the Financial Assistance Department:

- Online at [www.sghs.org/about/financialassistance](http://www.sghs.org/about/financialassistance)
- Brunswick Campus, by calling 912.466.1015 or visiting a Financial Counselor located on the main floor of the Brunswick Campus, adjacent to the Admissions Office
- Camden Campus, by calling 912.576.6109 or visiting a Financial Counselor located on the main floor of the Camden Campus in the Admissions Office.

### **Available in Spanish**

The Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are available in Spanish at Política de Ayuda Financiera Resumen en Lenguaje Sencillo.

### **No More Than Amount Generally Billed (AGB)**

A patient determined to be eligible for financial assistance (not including any Catastrophic Financial Assistance) may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.