



## **Truman Medical Centers Financial Assistance Policy** ***Plain Language Summary***

The Truman Medical Centers Financial Assistance Policy (FAP) provides Eligible Patients financial assistance for emergency or medically necessary hospital care. Patients seeking Financial Assistance must apply for the program.

### **What is covered?**

- **Eligible Services** – Emergency and/or medically necessary healthcare services provided by Truman Medical Centers.

### **Who is covered?**

- **Eligible Patients** – Patients receiving eligible services who have no other payer source who submit a Financial Assistance Application and reside in Kansas City or Jackson County, Missouri who meet income and citizenship requirements are eligible for Financial Assistance by Truman Medical Centers Financial Counseling Center.

### **How can you apply?**

- Obtain an application in person at any of the Financial Counseling Center locations, including:
  - Hospital Hill – 2301 Holmes, 4<sup>th</sup> floor; Cardiology-5<sup>th</sup> floor; GI-3<sup>rd</sup> floor; OB-6<sup>th</sup> floor, Oncology-3<sup>rd</sup> floor.
  - University Health Building 1 – 2101 Charlotte, 3<sup>rd</sup> floor.
  - Lakewood – 7900 Lee's Summit Rd, Lobby Bess Truman entrance.
  - Behavioral Health Healing Canvas Building – 300 W 19<sup>th</sup> Terrace.
  - Entry points of the main hospital facilities: Main Lobbies and Emergency Departments.
- Request to have an application mailed to you by calling (816) 404-3040.
- Complete an online application or download an application through the Truman Medical Centers website:
  - [www.trumed.org/patients-visitors/financial-services/financial-counseling](http://www.trumed.org/patients-visitors/financial-services/financial-counseling)

**Determination of Financial Assistance Eligibility** – Generally, patients who reside in Kansas City or Jackson County, Missouri with family income at or below 300% of the Federal Poverty Level (FPL) will receive financial assistance and pharmaceutical assistance. Following a determination of financial assistance eligibility, a financial assistance eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to individuals who have insurance covering such care).

*This document, the FAP, the Patient Billing and Collections policy, and the Financial Assistance Application are available in Spanish at the locations listed above.*