# Patient Financial Assistance Information and Patient Rights and Responsibilities

## ChristianaCare Financial Assistance Policy

ChristianaCare is committed to ensuring that patients within our service area have access to emergency and medically necessary hospital services regardless of the ability to pay. If you are unable to pay for medical care, we will discuss other options that may be available to you such as Medical Assistance or you may qualify for free or reduced care after all other funding options have been exhausted.

ChristianaCare provides financial assistance to individuals with a gross household income up to 400% of the current Federal Poverty scale.

Income-based payment plans are offered to patients that are not eligible for free care.

## Patients' Rights

ChristianaCare will work with its patients to review their financial resources.

- We will assist with enrollment in a publicly funded entitlement program (e.g., Medicaid) or other considerations of funding that may be available from other charitable organizations.
- You may be eligible for a payment plan if you do not qualify for Medical Assistance or financial assistance. Income-based payment plans are also available.
- If you believe you have been sent to a collection agency in error, you can contact the hospital to request assistance. (See contact information below).

## Patients' Obligation

Our patients have personal responsibilities related to the financial aspects of their health care needs. We expect the following:

- Provide complete, accurate insurance and financial information at the time of service or when requested.
- Respond timely with information required to complete Medicaid applications.
- Make monthly payments according to the agreed upon terms.
- Notify us promptly with any changes in circumstances or information.

## Contact Information

Call 410-392-7033 to inquire about the following:

- Your rights and obligations with regards to your bill.

- Your hospital bill.
- Help applying for Maryland Medicaid.
- Requesting copies of our Financial Assistance Policy and application.
- Instructions or help in completing our Financial Assistance application.
- Information and applying for an income-based payment plan.
- Requesting an estimate of the total charges for hospital non-emergency services.

Language translations for all Financial Assistance Policy related documents and information can be found on the hospital website and patient portals.

Please visit our website at: www.uhcc.com/about-us/patient-financial-services/financial-assistance or the Customer Service Department at any ChristianaCare facility to obtain a copy of our Financial Assistance Policy, application and instructions. You can contact Customer Service at 410-392-7033 for assistance in applying for financial assistance.

Completed applications for financial assistance may be submitted to the ChristianaCare address below:

**Attn: Patient Financial Services**
ChristianaCare Cecil County
106 Bow Street
Elkton, MD 21921

Or email to: billing1@cchs.onmicrosoft.com

To appeal your financial assistance determination, please submit your written appeal within 30 days of receipt of your determination to:

**Attn: Patient Financial Services**
ChristianaCare Cecil County
106 Bow Street
Elkton, MD 21921

You may also contact the State of Maryland's Health Education and Advocacy Unit (HEAU) for free mediation services for help with billing issues. Requests for assistance should be directed to:

**Health Education and Advocacy Unit**
200 St Paul Place
Baltimore, Maryland 21202

Email: heau@oag.state.md.us

Phone: 410-528-1840 or 1-877- 261-8807; Fax: 410-576-6571

HEAU website: https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx

For information about Maryland Medical Assistance, contact your local Department of Social Services at 1-800-332-6347; TTY: 1-800-925-4434 or visit www.dhs.maryland.gov.

Physician charges may not be included with your hospital bills and may be billed separately.