

Financial Assistance Policy Plain Language Summary

Financial Assistance Offered

At Madonna Rehabilitation Hospital, we are committed to providing the highest quality of care. The purpose of the Madonna Rehabilitation Hospital (MRH) Financial Assistance is to provide services to indigent low income residents of our community who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided by MRH.

This information is a summary of the MRH policy. Please read the Financial Assistance Policy in full.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors, including insurance coverage or other sources of payment, income, family size, assets, and any factors the patient or physician would like to have considered. Financial assistance is offered to patients who are uninsured or underinsured. Full financial assistance will be granted based on a patient's ability to pay the billed charges.

Patients must fully comply with the application process, including submitting tax returns, W-2s, payroll stubs, and bank statements, as well as completing the application process for all available sources of assistance.

How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will then be encouraged to complete a financial assistance application.

Where to Obtain Copies

Madonna Rehabilitation Hospital's Financial Assistance Policy and Application are available free of charge by calling Patient Financial Services at 402-413-3600 and requesting a copy by mail or email. The policy and application are also available online at www.madonna.org/my-madonna/services.html for downloading and printing. Copies of the policy and application are also available at Patient Financial Services.

Contact for Information and Assistance

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

- Online at www.madonna.org/my-madonna/services.html
- You may also call 402-413-3600 or visit our Patient Financial Services office at 5401 South Street, Lincoln, Nebraska.

For Non-English Speakers

Translations of the Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are available at www.madonna.org/my-madonna/services.html , upon request from Patient Financial Services at 5401 South Street, Lincoln, Nebraska or by calling 402-413-3600.

No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance will not be charged more than amounts generally billed for medically necessary care to patients who have insurance for such care.

Questions

This is a summary of the MRH financial assistance policy. Please read the Financial Assistance Policy in full. If you have any questions about qualifying or applying for financial assistance, please contact Patient Financial Services at 402-413-3600 or visit our office at 5401 South Street, Lincoln, Nebraska.