



Financial Assistance Policy—Plain Language

PCH will provide care for emergency medical conditions, regardless of your ability to pay for that care. PCH will not discourage you from seeking emergent medical care. Anyone presenting for emergency medical care at PCH will be provided with a medical screening and stabilization prior to discussion of financial obligation.

PCH will assist in identifying a payer source whenever possible. This may include: employer based coverage, the Affordable Care Act market place plans, AHCCCS, Medicare/SSI, FES (Federal Emergency Services—provided through AHCCCS), or ICE (Immigration and Customs Enforcement).

If you are seeking financial assistance, you must complete a Financial Assistance Application. You will need to provide: identification, Social Security numbers, Birth Certificates or Alien cards, proof of address, proof of income received in the past 30 days, previous year tax returns and past two months of bank statements. You may obtain a Financial Assistance Application for no additional cost at the Financial Counselor Offices or Customer Service Department either in person, via the PCH website <http://www.phoenixchildrens.org/>, by phone at 602-933-2000 or 1-800-549-3743, or write to Financial Counselor Offices, 1919 E Thomas Rd., Phoenix, AZ 85016. The Financial Assistance Policy and Financial Assistance Application are available in Spanish with each of these options. PCH offers a robust number of integrated languages to meet a variety of interpretation needs.

PCH will not charge a Financial Assistance eligible person more than Amounts Generally Billed (AGB) for emergency or medically necessary care. PCH determines AGB by determining the average percentage of gross charges paid by commercial, AHCCS and Medicare fee-for-service payers by dividing the sum of the amounts of all allowed claims during a 12 month period by the sum of the associated gross charges for those claims.

If you complete a Financial Assistance Application and your family income is 225% or less of the Federal Poverty Level, PCH will provide you with medically necessary care at no charge to you. If your family income is 226-400% of the Federal Poverty Level, PCH will provide you with a 74.1% discount for PCH services, 66.1% for PCMG services, and 40.7% for PCPC services. Information about the Federal Poverty Level is available at: <https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines>, *Federal Register* on January 17, 2020.

Consistent with PCH mission to deliver compassionate, high quality, affordable health care services, we strive to ensure to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care. If you have out of pocket expenses that total more then 25% of your patient/family's pre-tax income in any one year, we will work with you on a payment plan so that you will not be required to pay more than 25% of your pre-tax income in that year.

If we have made reasonable efforts and you do not qualify for Financial Assistance, and we are unable to establish a payment plan we may transfer you to an outside collection agency. PCH will not pursue legal action for non-payment of bills against patients/parties who have clearly demonstrated that they have neither sufficient income nor assets to meet their financial obligations. PCH will not execute a lien or require you to appear in court to pay for an outstanding medical bill.