



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).

Balance Billing – a medical bill from a healthcare provider billing a patient for the difference between the total amount charged by the facility and the amount the non-contracted insurance plan allows.

Cost-Sharing – the share of costs allowed by a member’s insurance that the member is responsible for paying. Generally this includes copayments, deductibles and coinsurance, also known as a member cost share.

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, AHCCCS 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.

PHOENIX CHILDREN'S

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Consistent with PCH mission to deliver compassionate, high quality, affordable health care services, we strive 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 than 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.

COVID-19 Related information:

PCH will follow regular billing practices as it relates to billing primary and secondary insurances. PCH will attempt to pursue a Single Case Agreement for any patient who is receiving care and treatment for COVID or presumed COVID with an out-of-network insurance plan. Regardless of the level of insurance payment received by PCH, families will not be balance billed or billed for share of costs.

For COVID testing that is medically necessary, including pre-procedure COVID testing and all COVID testing related to care and treatment, PCH will not charge families any share of costs and will not balance bill. For COVID care and treatment of patients with COVID or presumed COVID, PCH will not collect copayments, deductibles or coinsurance from families and will not balance bill. Insurance payment will be accepted as payment in full.

For uninsured patients with COVID-19 with a date of service after February 4, 2020, PCH will file claims for reimbursement through the Uninsured Relief Fund Payments program and will not balance bill families.

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