

## **Major Hospital Financial Assistance Policy**

### **Summary**

Major Hospital is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary care, pursuant to the Major Hospital financial assistance policy. Patients eligible for financial assistance under this policy will not be charged more for emergency or medically necessary care than the amount generally billed to insured patients. Patients seeking financial assistance must complete an application form and provide supporting documentation specified in the application.

### **How to Apply**

Financial assistance application forms and the complete financial assistance policy, as well as Spanish translations of each, can also be obtained in the following ways.

- Call, visit, or email the MHP Patient Financial Services offices.
  - **Telephone:** 317.421.2012
  - **Address:** 2451 Intelliplex Drive, Shelbyville, IN 46176
  - **Email:** [ptacct@majorhospital.org](mailto:ptacct@majorhospital.org)
- Request an application form at any MHP physician office or hospital registration location.
- Meet with a MHP Patient Advocate. Patient Advocates also assist patients with the application process for Indiana Medicaid, the Healthy Indiana Plan, and the public Marketplace.
  - **Telephone:** 317.421.5717 to schedule an appointment.

### **Eligibility for Assistance**

Determination of financial assistance eligibility is based on income level. Patients with a household income level of 300% of the Federal Poverty Level or less may be eligible for discounts ranging from 25% to 100% of the balance owed.