Financial Assistance Policy

The Ohio State University Wexner Medical Center understands the burden health care costs create. Our Financial Assistance Policy helps our patients with their health care bills. The policy covers the HCAP (Hospital Care Assurance Program), which applies to hospital/facility bills of Ohio residents, and the Ohio State Wexner Medical Center Financial Assistance program, which applies to hospital/facility and physician/professional bills of patients with financial hardship.

This policy does not cover patients who come to Ohio solely to receive medical care, and may not cover patients who knowingly receive service outside of their insurance benefits plan’s network. Other exclusions include:

- Fees paid before a service is performed
- Payments made before being approved for this program
- Elective/cosmetic services
- Services that are not medically necessary
- Specialized high/fixed cost services and supplies
- Services for which payments are due from any third party, municipalities, detention centers or law enforcement agencies under contracts with such agencies and negotiated settlements (to include legal cases)
- Patients identified by the Destination Medicine Global Healthcare Department

Policy Details

- For patients who come to an appointment and have no insurance, the hospital will reduce the patients’ bills by 60%.

- Our Financial Counseling and Patient Billing Customer Service departments will work with patients to help them find government sources of financial assistance, including Medicaid, Hospital Care Assurance Program, the Ohio State Wexner Medical Center Financial Assistance, or other federal or state assistance.

Hospital Care Assurance Program (HCAP)

- To qualify for HCAP, patients will be asked to complete a simple form and provide income and resource verification information. Proof of Ohio residency may be required. Patients may be required to apply for governmental assistance programs, if Financial Counseling deems this appropriate.

- Approved HCAP applications can be adjusted for future services without having to complete a new application, under these conditions:
  - Inpatient visits within 45 days after leaving the hospital for the same diagnosis as the approved services
  - Outpatient visits within 90 days after the primary date of service for which financial assistance was approved

Ohio State Wexner Medical Center Financial Assistance Program

- Ohio State provides financial assistance for patients who do not qualify for HCAP and other government programs. These patients are evaluated through a third-party credit reporting agency program to determine
their financial need. The credit reporting agency will review income, assets, and available credit. The agency will
determine how much can be applied to the patient’s balance.

- Patients with hospital/facility bills must be screened for HCAP before being considered for Ohio State’s Financial Assistance program.

- To comply with federal guidelines and standards for how financial assistance awards are made to patients, Ohio State Wexner Medical Center may deny assistance to patients who do not submit all necessary forms and documents.

- The Wexner Medical Center’s Financial Assistance Policy may apply to services provided to Medicaid patients who are outside of Medicaid coverage policies. These patients may be screened for Ohio State Financial Assistance if an HCAP application is not on file.

- This policy may not apply to patients who knowingly seek care outside of their insurance plan’s approved provider network.

- Payment plans are available to patients who do not qualify for assistance and are unable to pay their amount due in full. To arrange a payment plan, call Patient Billing Customer Service at 614-293-2100.

- Ohio State’s Financial Assistance award status and financial discount determinations are valid for six months. Approved Financial Assistance awards will also be applied to previous balances that began up to one year before the approval date.

- If you disagree with the Wexner Medical Center Financial Assistance decision, you may appeal by calling Patient Billing Customer Service at 614-293-2100. A paper application with supporting paperwork may be required. You will be notified of the decision within 30 days.

  - Assets used to determine eligibility are cash, cash equivalents and other hard assets that can be converted to cash. The asset protection threshold is the maximum amount of assets that may be held by the patient and still allow eligibility for full financial assistance. The asset protection threshold is $8,000 for individuals.

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**Contact Information**

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone Number</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Financial Counseling</td>
<td>614-293-0860</td>
<td>Monday – Friday, 9 a.m. – 4 p.m.</td>
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<tr>
<td>Patient Billing Customer Service</td>
<td>614-293-2100</td>
<td>Monday – Friday, 8 a.m. – 5 p.m.</td>
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