



## **El Paso Children's Hospital Financial Assistance Policy (FAP) – Plain Language Summary**

### **Policy Statement:**

El Paso Children's Hospital (EPCH) Financial Assistance Policy (FAP) provides eligible patients with partially discounted emergency or other medically necessary healthcare services that are provided by EPCH.

### **Eligible Services:**

Emergency or other medically necessary healthcare services provided by EPCH and billed by EPCH. Physician fees which are separately billed may not be eligible under the FAP.

### **Eligible Patients:**

Patients receiving medically necessary or emergent services, who submit a complete FAP, including related documentation/information and who are determined eligible for Financial Assistance by EPCH.

### **How to Apply:**

FAP and related application forms may be obtained/completed/submitted as follows:

- Paper copies of the FAP, FAP application form, and Plain Language Summary ("PLS") of the FAP are available upon request and without charge by mail, email and/or visiting in-person at the hospital's Patient Access Departments which include, Admissions, Emergency, Financial Counseling and Out Patient Services located at EPCH. Admissions office hours are Monday - Friday 7:00 am to 5:30 pm. Emergency office hours are 24 hours 7 days a week. Financial Counseling office hours are Monday - Friday 8:00 am - 5:00 pm and Saturdays from 8:00 am - 12:00 pm. Out Patient Services office hours are Monday - Friday 6:30 am – 9:00 pm and Saturdays from 7:30 am – 2:00 pm.
- Requests to be pre-screened for EPCH's Financial Assistance Programs may be made by calling the Financial Counseling office at 915-298-5444 Ext. 43105, 43106, and 43109.
- The FAP, FAP Application form, and PLS may be downloaded from the hospital's website:  
<http://www.elpasochildrens.org>

### **Determination of Financial Assistance Eligibility:**

Generally, eligible persons are eligible for Financial Assistance, using a sliding scale, when their Gross Family Income is at or below 200% of the Federal Government's Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their hospital care partially covered, and they will not be billed more than "Medicaid fees for services."

Other criteria beyond FPG may also be considered, for example the availability of cash or other assets that may be converted to cash, and excess monthly gross income relative to monthly household expenditures, which may result in exceptions to the preceding statement. Incomplete applications are not considered and applicants will be notified and given an opportunity to provide the missing documentation/information. Patients will be given up to 270 days post-discharge billing statement to submit a completed FAP application.

EPCH will also translate its FAP, FAP application form and PLS of its FAP in other languages wherein the primary language of the residents of the community served by EPCH represents 5% or 1,000; whichever is less; of the population of individuals likely to be affected or encountered by EPCH. Translated versions will be made available upon request in all of the offices mentioned above, as well as on the Hospital's website