

Financial Assistance Policy – Plain Language Summary

The AtlantiCare Regional Medical Center's (ARMC) Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted emergency or other medically necessary healthcare services provided by ARMC and a substantially related entity (as defined by the IRS). ARMC and any substantially related entity are hereinafter referred to as ARMC. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services - Emergency or other medically necessary healthcare services provided by ARMC and billed by ARMC. The FAP only applies to services billed by ARMC. Other services which are separately billed by other providers, such as physicians or laboratories, are not eligible under the FAP.

Eligible Patients - Patients receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by ARMC.

How to Apply – FAP and related Application Form may be obtained/completed/submitted as follows:

- At any registration location within the hospital facilities or any of the following locations without an appointment:
 - **ARMC, Health Plex 1401 Atlantic Ave, Atlantic City, NJ, 08401. Monday through Friday, 7:30am to 4:00pm.** Go to 1st Floor – Outpatient registration and ask for the Financial Assistance Dept.
 - **ARMC Mainland Campus, 65 W. Jimmie Leeds Rd., Pomona, NJ, 08240. Monday through Friday, 8:00am to 5:00pm.** Go to Hospital Lobby Information Desk and ask for Financial Assistance Dept.
 - **ARMC Health Park at Hammonton, 219 N. White Horse Pike, Hammonton, NJ, 08037. Wednesdays only, 8:00am – 4:00pm. During Summer Wednesday and Thursday 8:00am to 4:00pm.** Go to Emergency Room Registration Desk and ask for Financial Assistance Dept.
- Request documents to be mailed to you, by calling ARMC's Business Office Customer Service at 609-272-2500.
- Request documents by mail: ARMC Finance Office, Attn: Business Office Customer Service, 65 W. Jimmie Leeds Rd, Pomona, NJ 08240.
- Download the documents from ARMC's website: www.atlanticare.org/PLS.
- Mail completed applications (with all documentation/information specified in the application instructions) to: ARMC Finance Office, Attn: Business Office Customer Service, 65 W. Jimmie Leeds Rd, Pomona, NJ 08240.; or deliver in person to the locations in bold lettering above.

Determination of Financial Assistance Eligibility - Generally, Eligible Persons are eligible for Financial Assistance when their Family Income is at or below 400% of the Federal Government's Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their care covered for Eligible Services fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). Financial Assistance levels, based solely on Family Income and FPG, are:

- Family Income at 0 to 300% of FPG, asset requirement must be met. Full Financial Assistance; \$0 is billable to the patient.
- Family Income at 300 to 400% of FPG. Partial Financial Assistance; AGB is maximum billable to the patient.
- An uninsured patient will be charged the lesser of AGB or 115% of Medicare for all services received.

Note: Other criteria beyond FPG are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly net income relative to monthly household expenditures), which may result in exceptions to the preceding. If no Family Income is reported, information will be required as to how daily needs are met. ARMC's financial counseling and customer service departments review submitted applications which are complete, and determines Financial Assistance Eligibility in accordance with ARMC's Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information.

ARMC also translates its FAP, FAP application form and the plain language summary of its FAP in other languages wherein the primary language of the residents of the community served by ARMC represents 5 percent or 1,000; whichever is less; of the population of individuals likely to be affected or encountered by ARMC. Translated versions are available upon request in person at the address below; and on ARMC's website.

For help, assistance or questions please visit or call: ARMC's Business Office Customer Service at 609-272-2500 or visit any of the locations in bold lettering above.