**MEDSTAR PATIENT INFORMATION SHEET**

**MedStar Health Financial Assistance Policy (FAP)**

**MedStar Health is committed to ensuring that uninsured patients within its service area who lack financial resources have access to emergency and medically necessary hospital services. If you are unable to pay for medical care, have no other insurance options or sources of payment including Medical Assistance, litigation, or third-party liability, you may qualify for Free or Reduced Cost Medically Necessary Care.**

**MedStar Health meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level and will not exceed the amounts generally billed (AGB).**

**Payment plans are offered on a medical debt owed for services rendered to patients that are not eligible for free care.**

**Patient’s Rights**

**MedStar Health will work with their uninsured patients to gain an understanding of each patient’s financial resources.**

* **They will provide assistance with enrollment in a publicly funded entitlement program (e.g., Medicaid) or other considerations of funding that may be available from other charitable organizations.**
* **If you do not qualify for Medical assistance, or financial assistance, you may be eligible for an extended payment plan for hospital medical bills.**
* **If you believe you have been wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).**

**Patients’ Obligation**

**MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:**

* **Cooperate at all times by providing complete and accurate insurance and financial information.**
* **Provide requested data to complete Medicaid applications in a timely manner.**
* **Maintain compliance with established payment plan terms.**
* **Notify us timely at the number listed below of any change in circumstances.**

**Contacts**

**Call (410) 933-4966 or (844) 817-6087 with questions concerning:**

* **Your hospital bill.**
* **Your rights and obligations with regards to your hospital bill.**
* **How to apply for Maryland Medicaid.**
* **How to obtain copies of the MedStar Financial Assistance Policy and Application by mail.**
* **How to apply for MedStar Health’s Financial Assistance Program for free or reduced cost-care.**

**Language translations for all FAP related documents and information can be found on hospital website and patient portals.**

**To obtain free copies of our Financial Assistance Policy and Application, and instructions on applying, please visit our website at:** [**www.medstarhealth.org/FinancialAssistance**](http://www.medstarhealth.org/FinancialAssistance) **, or visit the Admitting Department at any MedStar Health Hospital. To request assistance completing the Financial Assistance application, you may contact our Customer Service at (410) 933-4966 or (844) 817-6087 or visit the Admitting Department at any MedStar Health Hospital**.

**Completed applications for Financial Assistance may be submitted to the MedStar Health address below:**

**MedStar Health**

**PO Box 411019**

**Boston, MA 02241-1019**

**or emailed to: pfscustomerservice2@medstar.net**

**To appeal your Financial Assistance determination**, **please submit your written appeal within ten days of receipt of your determination to:**

**MedStar Health**

**PO Box 411019**

**Boston, MA 02241-1019**

**You may also contact the Health Education and Advocacy Unit’s (HEAU) in filing and mediation of reconsideration requests. Requests for assistance should be directed to:**

**Health Education and Advocacy Unit**

**200 St Paul Place**

**Baltimore, Maryland 21202**

**Email -** [**heau@oag.state.md.us**](mailto:heau@oag.state.md.us)

**Telephone Number: (410) 528-1840, or 1 (877) 261-8807 Fax Number: (410) 576-6571**

**HEAU Website:** [**https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx**](https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx)

**For information about Maryland Medical Assistance For information about DC Medical Assistance**

**Contact your local Department of Social Services Contact your local Department of Human Services**

**1-800-332-6347 TTY: 1-800-925-4434 (202) 671-4200 TTY: 711**

**Or visit: www.dhs.maryland.gov Or visit: www.dhs.dc.gov**

**Physician charges are not included in hospital bills and are billed separately. Additionally, you may request and receive a written estimate of the total charges for hospital non-emergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.**