

Financial Assistance Summary

Avita is committed to providing access to health care for everyone regardless of their ability to pay. We commit to do so in a professional and compassionate manner that respects our patients' dignity and privacy.

The Avita Financial Assistance Program is designed to provide fair and consistent access for all patients through use of a formalized application process. Standardized eligibility criteria are based on total gross family income, the number of dependents in the family unit, and the family's liquid assets.

The income guidelines are a sliding scale with a maximum income amount of 400% of Federal Poverty Level guidelines. Full (100%) assistance is given to families with income less than 200% of Federal Poverty Level.

The value of liquid assets that exceeds the family's total gross income for the previous (3) months is included in the calculation of the family's income.

Medical hardship adjustments will be considered on a case-by-case basis for families if their Avita medical expenses within a twelve (12) month time frame exceed \$10,000 in patient responsibility and more than 20% of the family's income once the initial hospital assistance has been applied or if the patient would not otherwise qualify for charity care but have experienced dramatic changes in their financial circumstances post-service. The percentage of hardship awarded will not exceed 90%.

Presumptive charity will be given to families identified by external data analysis to not have the ability to pay.

CHARGES WILL NOT EXCEED AMOUNTS GENERALLY BILLED (AGB)

- If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having commercial insurance or Medicare coverage.
- Avita utilizes the "look-back" method to determine the "amounts generally billed" to individuals who have insurance covering Emergency or other Medically Necessary Care.
- The percentage is calculated using all claims allowed by both private pay insurers and Medicare (Traditional) for both inpatient and outpatient services. Total expected payment from allowed claims is divided by total billed charges for such claims to calculate the AGB.

To be eligible, patients/guarantors must:

- Exhaust available private and public resources, including but not limited to health insurance, liability insurance, pharmacy assistance programs, and grant programs. With the exception of Medicare eligible patients and patients over 18 years of age with no dependents under 18 years of age, families must complete the Medicaid application process to be considered for the Avita Financial Assistance Program.
- Be a U.S. citizen or a non-U.S. citizen living in Ohio voluntarily. Non-U.S. citizens who are on vacation in Ohio or any patient who comes to Ohio solely to receive medical care are excluded from assistance.
- Be unable to access other programs that would cover medical expenses.
- Not have declined health insurance through an employer within the last 12 months or a family member who could have covered the patient must not have declined coverage in the previous 12 months. This applies regardless of whether the coverage was affordable for the entire family, as long as it was affordable for the patient (monthly premiums does not exceed the family's gross monthly income by more than 15%).
- Agree to enroll for coverage through the Marketplace during the next open enrollment*. If patient fails to enroll and maintain monthly premiums, he/she will not be eligible for additional assistance unless patient submits verification that the lowest monthly premium for which family members are eligible exceeds the family's gross monthly income by more than 15%.
**Exclusion – if enrolled in an employer-sponsored, ACA-compliant health plan.*
- Authorize the release of any information needed to determine the family's eligibility, not to exclude address verification, a credit check through a national credit bureau, asset check through County Tax Assessor, and verification of all income and benefits received.
- Apply for assistance within 240 days after the first post-discharge statement

Electronic Signatures:

- May be used to authorize the release of information and/or sign a completed Financial Assistance Application except when restricted by applicable law, regulation, or Avita Health System policy or process specifically requiring a handwritten signature. To the fullest extent allowed by law, Avita Health System accepts Electronic Signatures as legally binding, unless the individual does not have the Signature Authority to sign the Financial Assistance Application.

No Contract Plans:

- Financial Assistance will only be granted on amounts left to patient responsibility (deductible, coinsurance, etc).

Out-of-Network Plans:

- Financial Assistance will not be given on out-of-network plans with the exception of Emergency Room visits and Emergency-Initiated visits.

Health Share Plans:

- Financial Assistance will only be granted on the 15% deposit collected at pre-service OR on any remaining eligible amounts after plan has paid.
 - Payment arrangements must be made on post-service balances until either the patient or Health Share remits payment to Avita Health System. After payment and proof of the amount remitted are received, Financial Assistance may be reviewed on remaining eligible amounts.
 - Proof of payment (Check, Explanation of Payment, etc.)

Family income:

- Is calculated based on the gross income for the three months prior to the service date multiplied by four or the twelve months prior to the service date, whichever is lower
- Includes, but is not limited to:
 - Wages, salaries, earnings
 - Unemployment and Workers Compensation benefits
 - Social Security and SSI benefits for all family members
 - VA benefits
 - Pension and retirement income
 - Interest, dividends, royalties, trust funds, income from estates
 - Child support and alimony
 - Food stamps
- Must be verified with documentation or patient attestation if no documentation available (e.g., written statement of support from friends or relatives)
- Income from self-employment will be calculated by reviewing a copy of the applicable federal tax Schedule C Profit or Loss Statement. For service dates within the first three months of the calendar year, the previous year's tax statement can be used. For service dates within the last nine months of the year, an updated, interim Schedule C must be prepared by the family and provided with the application. If a Schedule C was not filed for the previous tax year, an interim Schedule C must be prepared by the family and provided with the application. Excluded deductions include but are not limited to:
 - Home office
 - Furniture
 - Mileage, travel, parking, tolls, meals, entertainment, and gifts
 - Depreciation
 - Education/training
 - Charity deductions made for business purpose
 - Utilities for home based business
 - Internet hosting/services for home based business
 - Moving
 - Safe or safety deposit box

Medical hardship assistance:

- Is awarded to families who, within a specific time frame, incur medically necessary Avita expenses:
 - In excess of \$10,000
 - Not covered by insurance or other private or government programs, and

- That exceed 20% the family's gross income for that specific time frame. The time frame for comparison of expenses to income must be at least three (3) months but not more than twelve (12) months.
- Percentage of hardship awarded will not exceed 90%
- Is calculated on the patient responsibility amount after all available third party insurance have paid or been exhausted, available government and private programs have paid, and charity adjustments based on income and liquid assets have been applied.

Application forms are available free of charge:

- [Apply online](#) via MyChart
- [Apply online](#) at avitahealth.org
- [Download Application](#)
- At Avita registration desks or Avita physician office front desks
- By contacting Avita's Patient Service Team at 419-468-0512
- On the back of Avita first statements sent to families with a patient responsibility amount

The Vice President of Finance/Chief Financial Officer (CFO), Director of Patient Financial Service (PFS), and Patient Receivables Manager have the authority to approve charity care.

An approved financial assistance application is good for 90 days, unless otherwise stated.

Definitions

Covered Services: Medically necessary services as defined by Medicare and Ohio Medicaid programs for the following organizations and provider groups:

- Galion Hospital
- Bucyrus Hospital
- Avita Ontario
- Avita Ontario ASC
- Avita Physicians (GCH Health Services, BCH Health Services, NCOFCC)

Excluded services include but are not limited to:

- Scheduled elective procedures not cleared through Avita's Financial Clearance Program. This includes cases where the patient is unresponsive or opts not to pay or make financial arrangements during the financial clearance process.
- Cosmetic procedures
- Cataract surgery that does not meet Medicare medical necessity guidelines
- Upgraded lens used in medically necessary cataract surgery
- Vascular and endovascular surgery that does not meet Medicare medical necessity guidelines
- Hearing aids
- Fertility procedures
- Experimental drugs and procedures
- Hip and knee replacement surgeries that do not meet Medicare medical necessity guidelines
- Avita retail pharmacy
- Avita DME
- Physicals related to school/work/sports
- Service of physicians who are not employed by Avita Health System (e.g., Riverside Radiology, Emergency Room professional fees and independent physicians)
- Bariatric services

Elective Procedures: Covered services scheduled in advance because no medical emergency is involved.

Non-Elective Procedure: A procedure that must be performed immediately for lifesaving or damage-preventing reasons.

Financial Clearance: A process that helps patients understand their financial responsibility and assists in helping patients find appropriate funding sources for medical bills through payment arrangements, eligibility for insurance (e.g. Employer, Marketplace, Medicaid), or likelihood to qualify for financial assistance.

Out-of-Network: When healthcare providers and hospitals do not participate in an insurer's provider network. This means the provider or hospital has not signed a contract agreeing to accept the insurer's negotiated prices.

No Contract Plan: No Contract Plans are programs offered by companies that are not participating in an Avita managed care plan (even though a plan name may appear on the card) or have only agreed to network terms for physician clinic services. No Contract Plans include but are not limited to:

- Limited Benefit Plan
- No PPO Network
- Practitioner or Ancillary Only
- Assignment of Benefits (AOB)

Health Share Plan: Also known as Medical Cost Sharing, is the sharing of medical expenses by a group of like-minded individuals and families. Health Care Sharing Ministries administered by religious organizations qualify for a religious exemption under the marketplace plans.

Examples of cost-sharing programs include, but are not limited to:

- Samaritan Ministries
- Unity Healthshare
- Liberty Healthshare
- Christian Health Insurance
- Mennonite Mutual Insurance

Family of patient 18 years of age or older:

- Patient
- Patient's spouse, regardless of whether or not he/she lives in the home
- Patient's children under 18, natural or adoptive who live in the home
- Any person who is providing more than 50% of funding required for the patient's living expenses, regardless of whether or not he/she lives in the home with the patient
- Any person living in the home with the patient who is dependent on the patient's family income for over 50% of their support

Family of non-married, un-emancipated patient 17 years of age or younger

- Patient
- Patient's natural or adoptive parent(s), regardless of whether they live in the home
- The parent(s)' children, natural or adoptive under the age of 18 who live in the home
- Any person who is providing more than 50% of funding required for the patient's living expenses, regardless of whether or not he/she lives in the home with the patient
- Any person living in the home with the patient who is dependent on the patient's family income for over 50% of their support

Liquid assets included in income calculation

- Cash
- Checking account funds
- Savings
- Money market funds
- Certificates of deposit
- Stocks and bonds
- Available money held in a trust fund for the patient
- Lottery winnings within twelve months of service date

Family Size	100% Assistance Annual Income (200%)			90% Assistance Annual Income (250%)			75% Assistance Annual Income (300%)			40% Assistance Annual Income (400%)		
				From	To		From	To		From	To	
1	Under	\$31,300		\$31,301	\$39,125		\$39,126	\$46,950		\$46,951	\$62,600	
2	Under	\$41,580		\$41,581	\$51,975		\$51,976	\$62,370		\$62,371	\$83,160	
3	Under	\$51,860		\$51,861	\$64,825		\$64,826	\$77,790		\$77,791	\$103,720	
4	Under	\$62,140		\$62,141	\$77,675		\$77,676	\$93,210		\$93,211	\$124,280	
5	Under	\$72,420		\$72,421	\$90,525		\$90,526	\$108,630		\$108,631	\$144,840	

Medical Hardship Guidelines

Patient's Responsibility Amount After All Available Payment and Charity Resources are Exhausted	Medical Hardship Adjustment
20-24.9% of total gross family income	50%
25-34.9% or more of total gross family income	75%
35% or more of total gross family income	90%

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-419-468-4841 or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-419-468-4841 o hable con su proveedor.

Nederlands (Dutch)

Voorbeeldkennisgeving van beschikbaarheid van taalondersteunende diensten en hulpmiddelen (§ 92.11)

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-419-468-4841 of spreek met je provider."

中文 Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-419-468-4841或咨询您的服务提供者。"

Deutsch (German)

Muster einer Bekanntmachung über die Verfügbarkeit von Sprachassistenzen und Hilfsmitteln und -diensten (§ 92.11)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-419-468-4841 an oder sprechen Sie mit Ihrem Provider."

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاًئاً. اتصل على الرقم 1-419-468-4841 أو تحدث إلى مقدم الخدمة."

नेपाली(Nepali)

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-419-468-4841 मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।"

Soomaali (Somali)

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-419-468-4841 ama la hadal bixiyahaaga."

Français (French)

Modèle d'avis de disponibilité des services d'assistance linguistique et des aides et services auxiliaires (§ 92.11)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-419-468-4841 ou parlez à votre fournisseur. »

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-419-468-4841 पर कॉल करें या अपने प्रदाता से बात करें।"

తెలుగు (Telugu)

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-419-468-4841 కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-419-468-4841 або зверніться до свого постачальника».

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-419-468-4841 или обратитесь к своему поставщику услуг.

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-419-468-4841 hoặc trao đổi với người cung cấp dịch vụ của bạn."

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-419-468-4841 o makipag-usap sa iyong provider."

Kiswahili (Swahili)

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-419-468-4841 au zungumza na mtoa huduma wako."