

FINANCIAL ASSISTANCE PROGRAM

Spartanburg Regional Healthcare System is committed to providing health care to those in need regardless of their ability to pay. In support of this commitment, Spartanburg Regional has established a Financial Assistance Program for uninsured patients and/or those with limited financial resources. Patients unable to pay for services should apply for financial assistance using the following steps:

STEP 1: Request an application form.

Applications are available at www.SpartanburgRegional.com/financialassistance. You can also apply through your MyChart account or by calling 864-596-1001.

STEP 2: Complete and return the form.

Complete the application and return it to the address listed on the bottom of the form.

STEP 3: We review your application.

We will review your application to determine if you qualify for assistance. If there are special circumstances that affect your ability to pay, these will be reviewed by one of our Financial Counselors.

STEP 4: Receive your decision.

You will receive a written decision promptly, usually within 30 days of submitting your application. If you are denied assistance, the reason for denial will be provided. If you are approved for partial assistance the decision will also provide you with information on how to set up a payment plan.

All applications for financial assistance are completely confidential. The information provided is shared only with those responsible for determining your eligibility.

DO YOU QUALIFY FOR FINANCIAL ASSISTANCE?

Eligibility for financial assistance is based upon the U.S. Government's Federal Poverty Guidelines. These guidelines are updated annually.

OUR FINANCIAL ASSISTANCE POLICY

- Spartanburg Regional Healthcare System is a charitable organization dedicated to providing care, regardless of ability to pay.
- Your financial circumstances will not affect the care you receive. All patients will be treated with respect and fairness.
- Assistance is available for medically necessary care. Patients may apply for financial assistance at any time during the continuum of care.
- If you have no health insurance and/or limited financial resources, you may be eligible for free or discounted services.

The amount of financial assistance you receive is determined by Spartanburg Regional's Financial Assistance Guidelines.

- Depending on the amount of your bill and your financial circumstances, minimum monthly payments may be accepted with no interest charged.
- If you do not qualify for financial assistance but believe you have special circumstances, you can request that your case be reviewed by a Spartanburg Regional Business Services Supervisor/Financial Counselor.
- If you apply for financial assistance, you must provide us with all information necessary to apply for other financial resources that may be available to you, such as Medicaid or Medicare.
- You are responsible for applying for financial assistance. Spartanburg Regional will make application materials easily available. Applications are available at SpartanburgRegional.com/financialassistance. You can also apply through your MyChart account or by calling 864-596-1001.
- You may qualify for financial assistance if your household income is less than or equal to 2 times (200%) of the current Federal Poverty Guidelines.
- You may qualify for partial financial assistance depending upon your household income and the number of members in your family. This is also based on the U.S. Government's Federal Poverty Guidelines.

Example 1:

There are 4 people in your family and your household income is \$50,000.

You qualify for 100% financial assistance for care provided at Spartanburg Medical Center, Pelham Medical Center, Cherokee Medical Center, Union Medical Center and Spartanburg Hospital for Restorative Care.

Example 2:

There are 5 people in your family and your household income is \$77,000.

You do not qualify for 100% financial assistance, but do qualify for partial financial assistance. A Financial Counselor can assist in determining how much assistance you qualify for.

Please note that if you receive partial assistance, you are still responsible for paying a portion of your bill. We are committed to working with patients to develop payment terms that are appropriate. If we establish a payment plan for you, Spartanburg Regional will not charge interest on the account balance while you are making payments.

DO YOU QUALIFY FOR FREE SERVICE?

IF YOUR FAMILY SIZE IS:

To qualify for 100% Financial Assistance your household income must be less than:	1 person	2 people	3 people	4 people	5 people	6 people
	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300

For families with more than 6 members, contact our Customer Service Department.
Partial financial assistance may be available for those who don't meet the above guidelines.

To learn more about Spartanburg Regional Healthcare System's financial assistance policies, or to apply for financial assistance, please call, mail, email or visit our knowledgeable Customer Service Representatives at:

SRHS Patient Financial Aid Program

Phone: 864-596-1001

Email: srhsfinancialassistance@srhs.com

Mail: P.O. Box 27069, Greenville, SC 29616-2069

In Person: 700 North Pine Street, Spartanburg, SC 29303

