

## **CFH Financial Assistance Program Plain Language Summary**

Central Florida Health (CFH) is committed to providing financial assistance for medically necessary services to those patients who have healthcare needs, are uninsured, underinsured, ineligible for government healthcare benefit programs, and are unable to pay for their care based on their individual financial situation and within CFH's established guidelines for eligibility and availability of resources. When eligible, either all or a portion of the patient's debt is written-off to financial assistance. Certain exclusions apply, which include, but are not limited to elective services, balances covered by other funding sources including liability insurance, and failure to cooperate in securing alternative funding sources.

Financial assistance is available for patients who meet family income and criteria as determined by the Federal Poverty Guidelines and/or Medicaid eligibility criteria. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

*Required documentation for CFH financial assistance includes the following:*

### **Identification**

Every applicant must provide 2 forms of identification; one must be a photo ID.

### **Residency**

Documentation provided as proof of residency must have applicant full name and physical address.

### **Household Income**

**The following is considered as Household Income and if applicable you must provide:**

- Copies of most recent: Tax Return, W-2, 3 months of bank statements showing direct deposit, 3 months of current pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Worker's Compensation; Veteran's benefits, public assistance payments, alimony, child support.
- Income from dividends, interest, rents, royalties, annuity payments, estates, trusts, inheritance proceeds and student aid not subject to repayment.
- Gifts: to include donations from churches, family members and other organizations.
- Signed Homeless Affidavit
- If no source of income a letter of hardship and/or a letter of support will be accepted.
- If patient deceased with no assets a copy of the death certificate will be accepted only after posthumous Medicaid denial.

**Please note:** All sources of value including free rent and barter goods will be used to determine income.

### **Self Employed**

- Most recent Complete personal and business tax return; 12 months of bank statements of business account; Self-employment income ( defined as the amount of Gross Income reported on the Tax Return Schedule C)

**Dependent Children in Household**

- Must have applied for Medicaid and be able to provide letter from DCF showing Medicaid determination

**CFH Financial Assistance does not cover**

- Specialty services are not covered including ambulance transportation, cosmetic, bariatric, dental care, pain management, home health care, chiropractic care, doctor's bill, mental health care and hospice. Flat rate services, or services due to complications from these services, are not eligible for financial assistance. CFH financial assistance does not cover radiologist, pathologist Emergency Department physicians or anesthesiology costs.

**To learn if you are eligible for CFH Financial Assistance contact us at the following: Leesburg Regional Medical Center call: (352) 323-5434 ~The Villages Regional Hospital call: (352) 751-8156**

**CFH website: [www.centralfloridahealth.org](http://www.centralfloridahealth.org)**