

La Rabida Children's Hospital

Subject: Financial Assistance

Dated: 01/01/2021

POLICY: The purpose of this policy is to ensure timely and accurate responses to family requests for the list of standard charges for services rendered by La Rabida Children's Hospital. It is the policy of La Rabida Children's Hospital to allow the public access to our standard charges for services obtained. This policy is intended to promote transparency for families to better understand costs for services obtained at our hospital.

PROCEDURE:

The purpose of this policy is to ensure timely and accurate responses to patient requests for the list of standard charges for services rendered by La Rabida Children's Hospital, consistent with medical needs and applicable law. Price transparency information should be displayed in an easy to understand format of provider prices. The procedure allows the consumer to view the charges on the website as well as seek individual appointments to further understand costs.

Definitions:

A. **Charges:** The amount charged to a specific patient, based on the type of care provided, which may vary from patient to patient, depending on complications and differences in treatment provided due to a specific patient's health. Hospital charges are the standard amounts listed before any discounts.

B. **Discounts:** Insurers negotiate discounts with hospitals on behalf of their enrollees to make payment at varying discount levels, generally much less than the starting charges. Medicaid pay hospitals according to a regulated fee schedule which is much less than the charges.

D. **Out of Pocket Expense:** The portion of total payment for medical services treatment for which the patient is responsible, including copayments, coinsurance, and deductibles.

C. **Costs:** The amount the hospital needs to spend to provide care.

Financial Estimates:

Patient families with health insurance should contact their health plan for specific financial obligation.

Provides uninsured patients information related to the La Rabida Children's Hospital financial assistance policy (located on the hospital website or in person may be requested) and Hospital Uninsured Patient Discount Policy (e.g. prompt pay) that could be applied. Those without health insurance will be provided information related to the hospital's financial assistance

policy, the Hospitals Uninsured Patient Discount Act and any other discounts (e.g., prompt pay) that could be applied.

Requests for specific price estimates should be directed to Patient Financial Services for further assistance at 773-753-8677

Time/Location to View Charges

The public may view charges by appointment between the hours from 9:00 AM CST and 4:00 PM CST Monday through Friday at the Main Hospital, Patient Financial Services by calling 773-753-8677. A representative from Patient Financial Services will be available during these hours to assist the public in accessing this information.

Summary

The public may view a list of La Rabida Children’s Hospital standard hospital charges on the website at **larabida.org** or upon request and receive estimates of charges. However, it is important to understand that Families do not pay the full amount of the listed charges. Families with health insurance only pay the specified deductible, copay and coinsurance amounts established by their health plan. A patient without health insurance may be eligible for significant discounts from charges through our financial assistance program.