

Asante Financial Assistance Policy Plain Language Summary

Asante is dedicated to making healthcare services accessible to our patients. We recognize the financial needs of patients and families who are not able to afford medical care. For those who qualify, financial assistance discounts may help with medically necessary services.

Eligibility and Assistance Offered

To qualify for free or discounted care, the patient or family must complete a Financial Assistance Application providing required documentation. Eligibility is based on the US government's Federal Poverty Level guidelines, published annually. Asante uses family's annual income and family size to determine a patient's Federal Poverty Level.

Payment Options

Asante also offers several different payment plan options. The duration of a payment plan is based on patient balance. You may call Patient Financial Services at 541-789-4111, option 2 to discuss payment plan options.

What is the uninsured discount?

Uninsured individuals will automatically receive a 35% discount for medically necessary services. There is no application or action required by the patient to receive this discount.

Which services are excluded?

Asante uses the Department of Medical Assistance Program (DMAP) list of prioritized health services when determining if a service is medically necessary and eligible for financial assistance.

Application Process

You may apply for financial assistance any time up to 240 days following the first billing statement for services provided, or up to 12 months after the patient paid for services provided. The Financial Assistance Application can be located on our website at <http://asante.org>, by calling the Patient Financial Services office, or at any patient access location.

Applications can be submitted to our Patient Financial Services office at P.O. Box 4749 Medford, OR 97501, or through your Asante MyChart portal.

You will receive a letter by mail within 10 days of Patient Financial Services receiving the application regarding your eligibility.

Calculation of Free or Discounted Care

Program	Available To	Description	How to Apply
Financial Assistance - Free Care	Uninsured and Insured Patients	Free care to families based on family size and with income less than 300% of Federal Poverty Level	Complete Financial Assistance Program Application
Financial Assistance - Sliding Scale	Uninsured and Insured Patients	Discounted care to families based upon family size and with income level between 300% and 400% of Federal Poverty Level	Complete Financial Assistance Program Application
Uninsured	Uninsured Patients Only	Reduction of 35% or AGB (amounts generally billed)	
Financial Assistance - Catastrophic	Uninsured Patients Only	Limits out-of-pocket costs when medical debts specific to medical care at Hospital exceed 25% of the family's gross income	Complete Financial Assistance Program Application
Payment Plan Program	Uninsured and Insured Patients	Assists patients with their financial obligations by establishing payment arrangements	Contact a Patient Financial Services at 541-789-4111
Presumptive Financial Assistance	Uninsured and Insured Patients	A patient who is screened and is eligible for Financial Assistance via a third-party source	