



**University
Hospitals**

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Owner Taylor Pedone:
Vice
President, Revenue
Recovery &
Optimization
Area Revenue
Cycle Dept
Applicability System

UH NHSC Clinic Financial Assistance (UH SYSTEM DEPT - REVENUE CYCLE MANAGEMENT POLICY)

KEY POINTS

- University Hospitals operates certain National Health Services Corps (NHSC) approved clinics. A list of NHSC approved clinics can be found in **Attachment A** to this policy. These clinics operate as part of UH's charitable organization and provide care to individuals regardless of their ability to pay; all individuals are treated with respect, regardless of their individual financial circumstances.
- This Policy sets forth the financial assistance policy for services rendered within all UH NHSC-approved clinics.
- UH NHSC-approved clinics provide charity care, referred to in this Policy as, financial assistance, 100% discounted care, or discounted care, to individuals who are patients at UH NHSC-approved clinics based on this Policy. To the extent this policy conflicts with GOV-2, Financial Assistance Policy, the conflicting terms contained in this policy will control.
- UH NHSC-approved clinics will provide financial assistance, including 100% Discounted Care or Discounted Care to individuals who meet the following eligibility criteria:
 - Insured or uninsured with a household income of 0%-400% of the Federal Poverty Guidelines as described in Addendum 1, Exhibit A of [Financial Assistance Policy, GOV-2](#).
- Individuals must also:
 - Have had emergency or other medically necessary care at a UH NHSC-approved Clinic; and
 - Provide the documentation required by this Policy and the financial assistance

application.

- Individuals may apply for financial assistance at any time and up to two hundred forty (240) days after the date of their first post-discharge billing statement.
- For Hospital Care Assurance Program (HCAP) approvals, individuals must complete an application every 3 months for outpatient services to maintain application approval.
- For all other financial assistance approvals, individuals must complete an application every 9 months for outpatient services to maintain application approval.
- UH will make every effort to process financial assistance applications within 45 days of submission
- If an individual fails to apply for financial assistance, UH may conduct a presumptive eligibility analysis to determine if the individual qualifies for financial assistance.
- UH may grant financial assistance at any time during the care process and until all accounts are resolved.
- UH NHSC-Approved Clinics shall take measures to widely publicize this Policy and a plain language summary of this Policy as described herein.
- If an individual does not qualify under this Policy for financial assistance, they may request that their case be reviewed by a UH financial counselor.
- Eligibility for financial assistance under this policy is based upon family size and income only.

DEFINITIONS

- "Household Income" or "Family Income" includes but not limited to earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, and other miscellaneous sources. The household income does not include child support, student loans, and student grants or non-cash benefits (such as food stamps and housing subsidies).
- "Household Size" or "Family Size" means the number of persons living at same residence.
- "100% Discounted Care "means services that are billed at a 100% discount.
- "Discounted Care" means care that has been discounted to the rate set forth as the "Amount Generally Billed ("AGB") more fully described in Addendum 2.
- "Medically Necessary" as used in this policy shall have the same definition for medical necessity as the Ohio Medicaid definition found in the Ohio Administrative Code at 5160-1-01.

POLICY STATEMENTS

1. Individuals may apply for financial assistance at any time up to two hundred and forty (240) days after the date of their first post-discharge billing statement.
2. Financial assistance will be determined in accordance with this Policy. Such determination will be evaluated using the following tools:
 1. Financial assistance application form – the individual or the individual's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Instructions

regarding how to complete the financial assistance application form can be found on the application form. A financial assistance application form may be obtained at <https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-medical-records/pay-your-bill/financial-assistance> ; and

2. Documentation of household income –Household income may be verified using any or all of these items; W2's, credit score, current state or federal tax return, and payroll stubs.
3. Eligibility for financial assistance under this policy is based upon family size and income only.
3. UH may not deny financial assistance under this Policy based on an individual's failure to provide information or documentation that is not clearly described in this Policy or the financial assistance application.
4. UH NHSC-Approved Clinics will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Finance Counselor may contact 866-771-7266 Monday through Friday 9 AM to 4 PM EST.
5. –Individuals qualify for financial assistance under this Policy if they meet the following eligibility criteria and have had or are seeking emergency care or medically necessary services at a UH Facility or Provider:
 1. 100% Discounted Care to uninsured, underinsured, or insured individuals whose household income is less than or equal to 250% of the current Federal Poverty Guidelines;
 2. Discounted Care to uninsured, underinsured, or insured individuals with a household income between 251% and 400% of the current Federal Poverty Guidelines. UH will not charge any FAP-eligible individual more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. The AGB discount is set forth in Addendum 2 of [Financial Assistance Policy, GOV-2](#).
 3. UH reserves the right to provide financial assistance to any individual experiencing exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc.) who may fall outside of the criteria set forth in this Policy, if approved by the Chief Financial Officer of UH.
 4. Interest free payment plans are available to all patients as outlined in [Hospital Credit and Collection, GOV-11](#) and [Collections and Payment Options for Revenue Cycle Management, RC-6](#).
 5. UH does not charge any fees to apply or to receive financial assistance.
 6. Presumptive Eligibility.
 1. University Hospitals recognizes that not all patients and Guarantors are able to complete the Financial Assistance Application (FAA) or provide requisite documentation. For patients and guarantors who are unable to provide required documentation, UH may grant Presumptive Financial Assistance based on information obtained from other sources. In particular, presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Homeless

2. Patient is deceased with no known spouse or known estate
 2. UH may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility.
 3. An individual who is found to be presumptively eligible for financial assistance, shall receive a 100% discount.
7. Widely Publicized Policy.
1. UH NHSC-Approved Clinics shall make this Policy, financial assistance applications, and additional information about financial assistance available in the following ways:
 1. The financial assistance application form and plain language summary of this form may be obtained at <https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-medical-records/pay-your-bill/financial-assistance>.
 2. Paper copies of this Policy, financial assistance application form, and plain language summary of this Policy will be available upon request, without charge, both by mail and in public locations at UH NHSC-Approved Clinics and their financial assistance offices;
 3. Information about this Policy will be distributed to members of the community served by the Hospital Facilities in a way designed to reach community members who are most likely to require financial assistance from a Facility;
 4. Paper copies of the plain language summary of this Policy will be offered to individuals as part of the patient intake or discharge process;
 5. Information about how to apply for financial assistance can be found on all UH NHSC-Approved Clinic's billing statements, including a telephone number for the UH NHSC-Approved Clinic that can provide information about this Policy, the application process, the UH NHSC-Approved Clinic's website address, and locations where copies of this Policy, financial assistance applications, and plain language summaries may be obtained;
 6. Public displays about the UH Financial Assistance Program shall be prominently displayed in the emergency and admissions areas at each Hospital Facility;
 7. Hospital Facilities will provide financial counseling for individuals needing assistance in completing the financial assistance application. Individuals requiring assistance from a UH Financial Counselor may contact 866-771-7266 Monday through Friday 9 AM to 4 PM EST.

8. Billing and Collections

- 1. The actions that may be taken by UH NHSC-Approved Clinics in the event of nonpayment are described in a separate Billing and Collections Policy ([Hospital Credit and Collection, GOV-11](#)). Members of the public may obtain free copies of the [Hospital Credit and Collection, GOV-11](#) Policy by accessing <https://www.uhhospitals.org/myuhcare/pay-my-bill/financial-assistance> or contacting a UH Finance Counselor at 866-771-7266 Monday through Friday 9 AM to 4 PM EST.

ATTACHMENT A

List of National Health Services Corps Approved Sites

UH Ahuja Rainbow Center for Women and Children - 5805 Euclid Avenue, Suite 100

UH Ahuja Rainbow Center for Women and Children - 5805 Euclid Avenue, Suite 200

Approval Signatures

Step Description	Approver	Date
Chief System Revenue Cycle Officer	Brent Carson: Chief System Revenue Cycle Officer	10/2026
Owner	Taylor Pedone: Vice President,Revenue Recovery & Optimization	10/2026

Applicability

University Hospitals Ahuja Medical Center, University Hospitals Beachwood Medical Center, University Hospitals Cleveland Medical Center, University Hospitals Conneaut Medical Center, University Hospitals Elyria Medical Center, University Hospitals Geauga Medical Center, University Hospitals Geneva Medical Center, University Hospitals Health System, University Hospitals Home Care Services, University Hospitals Lake West Medical Center, University Hospitals MacDonald Women’s Hospital, University Hospitals Parma Medical Center, University Hospitals Physician Services, University Hospitals Portage Medical Center, University Hospitals Rainbow Babies & Children’s, University Hospitals Samaritan Medical Center, University Hospitals Seidman Cancer Center, University Hospitals St. John Medical Center, University Hospitals TriPoint Medical Center

Standards

No standards are associated with this document