

Financial Assistance Policy

Effective 02/01/2026, updated 05/01/2026

I. PURPOSE AND OVERVIEW

The purpose of this Financial Assistance Policy (“Policy”) is to describe the eligibility, application, and approval process for financial assistance offered to patients for certain emergency and medically necessary care provided by certain Emory Healthcare facilities.

This policy complies with applicable state and federal laws, including IRS Regulations regarding financial assistance and Georgia’s Indigent Care Trust Fund regulations.

II. DEFINITIONS

The following definitions apply for purposes of this Policy:

- **Amount Generally Billed or AGB:** The amount generally billed for Eligible Health Care Services to individuals who have insurance covering such care, determined in accordance with federal regulations at 26 CFR § 1.501(r)-5(b). Each Emory Healthcare Hospital calculates its AGB annually utilizing the “Look-Back Method” based on claims from the previous 12-month period and applies the revised AGB by the 120th day after the end of the 12-month period used to determine the AGB Percentage.
- **AGB Percentage:** A percentage of Gross Charges that a Hospital uses to determine the AGB for Eligible Health Care Services for patients eligible for financial assistance under this Financial Assistance Policy. Each Emory Healthcare Hospital calculates its own AGB Percentage by dividing the sum of reimbursement for all Emergency and Medically Necessary Care provided by that Hospital during the prior 12-month period allowed by Medicare fee-for-service and private health insurers by the sum of the associated Gross Charges for those claims. For these purposes, the amount “allowed” includes the amount the Hospital expects to be reimbursed by Medicare or the private insurer and the amount the Hospital expects from the patient as the patient’s personal responsibility (in the form of co-insurance, copayments or deductibles), disregarding any Charity Care adjustments or discounts applied to the individual’s portion (under this Policy or otherwise).
- **Eligible Health Care Services:** Emergency Care and Medically Necessary Care. See Appendix A for a list of services excluded from Eligible Health Care Services.
- **Emergency Care:** The care or treatment for an emergency medical condition as defined by the Emergency Medical Treatment and Active Labor Act (EMTALA).
- **External Screening Process:** A process to determine if a patient qualifies for Emory Healthcare Financial Assistance that does not involve completing a Financial Assistance

application. The screening process may be in person or on the telephone and uses an external vendor to review a patient's family size and current calendar year household income to assess financial need.

- Family: Using the U.S. Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage or adoption. This includes a patient's spouse, regardless of whether the spouse lives in the same home as the patient. If the patient is claimed as a dependent on a parent's or adult child's tax return, the party claiming the patient as a dependent will be considered a member of the patient's Family, regardless of whether the party lives in the same home as the patient.
- Family Income: Total income received by the patient, the patient's Family members who are older than 15 years of age, and all Guarantors from all sources, including, for example, 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 trusts, educational assistance, alimony, child support, and other assistance. As part of the External Screening Process, Emory Healthcare uses a third party to conduct an electronic review of public record databases to estimate a patient's Family Income and otherwise to assess financial need, as described in this Policy.
- Federal Poverty Guidelines: The Federal Poverty Income Guidelines as published in the *Federal Register* from time to time by the U.S. Department of Health and Human Services and in effect on the date of service. The current Federal Poverty Guidelines are available on the U.S. Department of Health and Human Services website at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- Financial Assistance Application or FAP Application. The information and accompanying documentation that an individual submits to apply for financial assistance under this Policy. The term "Financial Assistance Application" or "FAP Application" does not refer only to written submissions, and an Emory Healthcare Hospital may obtain information from an individual in writing or orally (or a combination of both).
- Gross Charges: The full, established price for Eligible Health Care Services that a Hospital consistently and uniformly charges before applying contractual allowances, discounts, or deductions.
- Guarantor: A person other than the patient who is responsible for payment of the patient's medical bills.
- Indigent Care Trust Fund refers to the Indigent Care Trust Fund created by Georgia law, at O.C.G.A. Title 31, Chapter 8, Article 6, and the regulations at Georgia Rules and Regulations, Chapter 111-3-6.
- Medically Necessary Care: Services that are reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of healthcare generally

accepted at the time services are provided. Medically Necessary Care does not include cosmetic services, cosmetic surgery, other elective services, personal services (*e.g.*, room charges), or patient convenience items.

- **Temporary Visitor:** An individual present in Georgia on a temporary basis with a defined expiration date, such as an individual who is present on a tourist, student, or short-term work visa.

III. POLICY STATEMENT

This Policy applies to Emergency and other Medically Necessary Care provided at Emory Healthcare Hospitals (listed below) and their outpatient departments by physicians employed by The Emory Clinic and Emory Specialty Associates. The Emory Healthcare Hospitals, Hospital outpatient departments, and physicians covered by this Policy are referred to as “Emory Healthcare” throughout this Policy.

Emory Healthcare Hospitals include:

- Emory University Hospital
- Emory University Orthopaedics and Spine Hospital
- Emory University Hospital Midtown
- Emory Johns Creek Hospital
- Emory Saint Joseph’s Hospital
- Emory Decatur Hospital
- Emory Long-Term Acute Care
- Emory Hillandale Hospital
- Emory Rehabilitation Hospital
- Houston Hospital - Warner Robins
- Houston Hospital - Perry

A list of providers of Emergency and other Medically Necessary Care who provide services at Emory Healthcare Hospitals and who are *not* covered by this Policy can be found at <https://www.emoryhealthcare.org/patients-visitors/insurance-billing/financial-assistance>. This list specifies which providers or groups of providers delivering care within Emory Healthcare Hospitals are covered by this Policy and which are not and is updated quarterly.

Patients are informed of Emory Healthcare’s Financial Assistance Policy primarily through the Emory Healthcare website, Emory Healthcare Financial Counselors, Admitting and ED Registration staff, Billing Customer Service, signage, and brochures distributed at Emory Healthcare clinic and hospital locations. The website information is listed on all billing statements with a link to a plain language summary of this policy. For patients without internet access, this policy is available by calling Billing Customer Service. These communications are available in English, Spanish, Vietnamese, Korean, and Chinese.

Emory Healthcare provides Emergency Care to all patients, regardless of ability to pay, in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA) and applicable Emory Healthcare policies.

It is the policy of Emory Healthcare to:

- Provide Emergency Care Services, without discrimination, to all patients regardless of ability to pay;
- Provide financial assistance for Eligible Health Care Services to patients who demonstrate an inability to pay and are eligible for financial assistance based on the criteria outlined in this Policy;
- Not charge patients eligible for financial assistance under this Policy for Eligible Health Care Services provided by Emory Healthcare Hospitals more than the Amount Generally Billed by the applicable Emory Healthcare Hospital; and
- Charge patients eligible for financial assistance less than Gross Charges for services other than Emergency Care or other Medically Necessary Care provided by Emory Healthcare Hospitals.

IV. **PROCEDURES**

A. **Determination of Eligibility for Financial Assistance**

Emory Healthcare determines eligibility for financial assistance under this Policy based on the patient's demonstrated inability to pay for Eligible Healthcare Services, using the criteria outlined in this policy.

Emory Healthcare determines eligibility for financial assistance by utilizing one of four methods: (1) patients can complete a Financial Assistance Application to apply for financial assistance ("Application Process"); (2) patients who are Medicaid beneficiaries will be deemed presumptively to qualify for 100% financial assistance for Medicaid non-covered charges for Eligible Health Care Services; (3) patients are screened for financial assistance ("External Screening Process"); and (4) patients may be eligible for a Catastrophic Care Adjustment.

Emory Healthcare will assist patients in applying for public benefits if applicable. Examples of public benefits include Medicaid, Social Security, and disability. Emory Healthcare may use the services of outside vendors to assist patients in seeking these benefits.

B. **Patient Responsibilities**

Patients requesting financial assistance must provide documentation and other information requested by Emory Healthcare, as outlined in this Policy and the Financial Assistance Application form. Additionally, patients must cooperate by applying for public benefits, if applicable, such as Medicaid, Social Security, and disability.

C. **Financial Assistance Eligibility Criteria**

1. In evaluating a patient's eligibility for financial assistance, Emory Healthcare considers the patient's Family Income as compared to the current Federal Poverty Guidelines (which are updated annually).
2. Financial assistance is as follows:
 - a. Patients who are Medicaid beneficiaries will be deemed presumptively to qualify for 100% financial assistance for Medicaid non-covered charges for Eligible Health Care Services.
 - b. If Family Income of a patient not enrolled in Medicaid is less than or equal to 200% of the Federal Poverty Guidelines, the patient will receive 100% charity care adjustment for Eligible Health Care Services (consistent with Indigent Care Trust Fund requirements).
 - c. If Family Income of a patient who is not enrolled in Medicaid and is uninsured is at least 201% but less than or equal to 350% of the Federal Poverty Guidelines, the patient will receive 100% financial assistance for the patient's personal responsibility for Eligible Health Care Services.
3. Family Income must be verified through either the Application Process or the External Screening Process, as further described below.
4. A determination that a patient is eligible for financial assistance is subject to change if it is discovered that information provided during the application process or otherwise was inaccurate or incomplete. In such circumstances, the patient will be notified and will be responsible for payment.
5. If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury that led to the medical services and items provided by Emory Healthcare, the patient must use the settlement or judgment amount to satisfy any patient account balances and may not be eligible for financial assistance.
6. NOTE: Uninsured patients whose Family Income is greater than 350% of the U.S. Federal Poverty Guidelines may qualify for a 65% self-pay discount on Gross Charges when payment arrangements are established with Emory Healthcare. This self-pay discount does not apply to market or retail-priced services or procedures that are already discounted.

Patients who qualify for a self-pay discount under this section are not treated as qualifying for financial assistance under this Policy and, therefore, are not subject to the Amounts Generally Billed limitations or other requirements applicable to patients who qualify for financial assistance.

D. Application Process

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1. Patients can seek financial assistance through the Application Process by completing an electronic or paper application for financial assistance. See Appendix B for the Financial Assistance Application.
2. Patients seeking financial assistance through the Application Process must provide all requested documentation, including documentation to support Family Income (listed below). Failure to provide requested documentation may result in a denial of financial assistance.
3. Patients who seek financial assistance through the Application Process must verify Family Income by providing copies of the following documents, as applicable:
 - Paycheck stubs for at least the last four weeks or a statement from the employer verifying gross wages; or
 - Most recent tax return; or
 - IRS W-2 Form issued during the past year; or
 - Most recent IRS Form 1040; or
 - Most recent two months of bank statements for each checking, savings, money market or other bank or investment account; or
 - Documentation or an attestation of all other income for the most recent two months (for example, unemployment compensation, disability, retirement, etc.); or
 - Unemployment compensation denial letter, if applicable
4. If an applicant does not have any of the listed documents to demonstrate Family Income, the applicant may contact the Hospital's Patient Access Office at the locations and phone numbers listed in Appendix C to discuss other evidence that may be provided to demonstrate eligibility.
5. An applicant will not be denied financial assistance based on failure to provide information or documentation that this Policy or the Financial Assistance Application does not explicitly require.
6. Emory Healthcare may supplement the Financial Assistance Application with data received in the External Screening Process to validate information received in the Application Process. The External Screening Process is described below.
7. Patients should complete the Financial Assistance Application as soon as possible after receiving care from Emory Healthcare. Patients will be allowed to apply for financial assistance for the later of 240 days after the

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date Emory Healthcare (or its agent) provides the first post-discharge billing statement for the episode of care at issue to the patient (or their appropriate representative) or 30 days after Emory Healthcare (or its agent) provides written notice to the patient (or appropriate representative) of the availability of financial assistance and the intent to initiate extraordinary collection actions. Emory Healthcare may extend the period for a reasonable period (determined by Emory Healthcare) during which the patient or their appropriate representative (i) can complete any incomplete Financial Assistance Application started during the 240-day period, or (ii) apply for more generous Financial Assistance if the External Screening Process has resulted in application of less than the most generous Financial Assistance.

8. Failure to complete and return the application within this timeframe may result in the denial of financial assistance.
9. If a patient submits an incomplete application for financial assistance through the Application Process, Emory Healthcare will inform the patient of how to complete the Application Process and will give the patient a reasonable opportunity to do so.
10. Financial assistance eligibility determinations through the Application Process are effective for 12 months from the date of approval and for 12 months prior to Application Process approval for existing patient balances.

E. External Screening Process

1. Emory Healthcare uses an External Screening Process to presumptively determine financial assistance eligibility. The External Screening Process is a systematic method that uses data gathered from public records to evaluate a patient's estimated income and family size and determine if the patient meets financial assistance eligibility criteria.
2. The External Screening Process evaluates each patient to the same standards and allows Emory Healthcare to evaluate whether a patient is similar to other patients who have been qualified for financial assistance under the Application Process.
3. Emory Healthcare may screen uninsured patients through the External Screening Process at any time to determine financial assistance eligibility. Emory Healthcare will screen underinsured patients through the External Screening Process after 120 days without payment or after initiating a financial assistance application to determine financial assistance eligibility.
4. Emory Healthcare provides patient name, address, social security number (SSN), date of birth (DOB), and phone number to the vendor as part of the External Screening Process.

5. If a patient is deemed eligible for 100% financial assistance through the External Screening Process, Emory Healthcare will notify the patient of the determination in writing, and the patient will not be required to go through the Application Process.
6. If a patient is deemed eligible for less than 100% financial assistance through the External Screening Process, Emory Healthcare will notify the patient of the determination in writing and will inform the patient how the patient may apply for more financial assistance through the Application Process. Emory Healthcare will give the patient a reasonable period of time to apply for more financial assistance through the Application Process.
7. Patients eligible for financial assistance under the External Screening Process are provided financial assistance as described above for Eligible Healthcare Services for the current encounter only.

F. Eligibility for Catastrophic Care Adjustment

1. If a patient's Family Income exceeds 225% of the Federal Poverty Guidelines and the patient incurs significant expenses for which the patient has insufficient third-party payor coverage, the patient may be eligible for Catastrophic Care financial assistance on a case-by-case basis and with the approval of the Emory Healthcare Chief Financial Officer or his/her designee. A patient seeking Catastrophic Care financial assistance must apply in accordance with this Policy. If it is determined that the patient is eligible for a Catastrophic Care financial assistance adjustment, the patient's account balance following adjustment will not exceed 20% of the patient's annual Family Income.

For example: If a patient has a balance of \$200,000 (after payment by all available third-party payor coverage) and an annual Family Income of \$50,000, if approved for Catastrophic Care financial assistance, the patient would only be responsible for \$10,000 (i.e., 20% of \$50,000), and the remaining \$190,000 would be written off as Catastrophic Care financial assistance.

2. Catastrophic Care financial assistance may be awarded once every 12 months from the date of the last Catastrophic Care financial assistance approval. If the patient's financial or family size situation changes, a new Financial Assistance Application must be submitted.
3. Balances already treated as bad debt or with collection agencies will be considered in determining eligibility for Catastrophic Care financial assistance. Prospective balances will not be considered in determining eligibility.

4. All accounts for which the patient and the patient's guarantor are responsible will be considered in the calculation of medical debt for determining eligibility for Catastrophic Care financial assistance.
5. If there are balances pending third-party payment when Catastrophic Care financial assistance is approved, then adjustment of the balances will be postponed until all third-party coverage has paid. Any patient balances left relating to dates of service on or prior to the approval date will then be adjusted.
6. For patients pending a Medicaid eligibility determination, determination of eligibility for Catastrophic Care financial assistance may be postponed until after final determination of Medicaid eligibility to allow for full and accurate accumulation of charges.

G. How to Apply for Financial Assistance

1. *Where to Obtain a Financial Assistance Application and Other Financial Assistance Information*

Each Hospital makes this Financial Assistance Policy, as well as the Financial Assistance Policy Application, a plain language summary of this Policy, the Provider List, and the Billing and Collection Policy available on Emory Healthcare's website at <https://www.emoryhealthcare.org/patients-visitors/insurance-billing/financial-assistance> in the following languages:

- English
- Spanish
- Vietnamese
- Korean
- Chinese

In addition, paper copies of these documents are available, upon request and without charge, in each Emory Healthcare Hospital's admissions areas and Emergency Department and, during normal business hours, at the applicable Hospital Patient Access Office listed in Appendix C.

Emory Healthcare's representatives are available to answer questions about financial assistance and to help patients with completion of the Financial Assistance Application. The location and phone number applicable to each Patient Access Office is set forth in Appendix C.

2. *Where to Submit the Financial Assistance Application*

The completed Financial Assistance Application may be submitted, along with the required supporting documentation, as follows: (1) electronically through the patient's MyChart account, (2) to the applicable Patient Access

Office at the locations listed in Appendix C, or (3) by mail to the following Emory Healthcare location:

Emory Healthcare
P.O. Box 746699
Atlanta, GA 30374-6699
Telephone: (404) 778-7318

3. *Time for Processing a Financial Assistance Application*

Emory Healthcare staff will review the Financial Assistance Application and will determine the patient's eligibility for financial assistance. The application review process usually is completed within 30 days. Once Emory Healthcare makes its decision about financial assistance eligibility, Emory Healthcare will send a letter informing the patient of its decision.

4. *Disputes*

A patient may request review of any Emory Healthcare decision to deny financial assistance or to provide financial assistance less than 100% by notifying the Hospital's Patient Access Office (see Appendix C). The patient can make their request verbally or in writing within 30 days after receiving the letter informing them of the decision. Emory Healthcare will review the patient's dispute and inform the patient of the decision in writing.

Revenue Cycle Administration has final decision-making authority regarding financial assistance eligibility.

H. Limitations on Hospitals' Charges to Patients Eligible for Financial Assistance

1. *Emergency Care or Other Medically Necessary Care*

Emory Healthcare Hospitals will not charge patients eligible for financial assistance under this Policy for Emergency Care or other Medically Necessary Care more than the Amounts Generally Billed to individuals who have insurance covering such care (*i.e.*, not more than the Gross Charges for such care multiplied by the AGB Percentage).

Each Emory Healthcare hospital utilizes the "look-back method" to determine AGB, which is calculated by dividing the sum of all claims for services provided in the relevant period allowed by Medicare fee-for-service and all private insurance, including patient portions (whether the amounts were paid or not), by the gross charges for such medically necessary services.

To determine the amount owed for Emergency Care or other Medically Necessary Care by a patient eligible for financial assistance under this Policy, the applicable financial assistance adjustment percentage as

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determined under this Policy shall be applied to Gross Charges for such care, multiplied by the AGB Percentage. For insured patients, the adjusted Gross Charges will be used to calculate only the patient's out-of-pocket financial responsibility (e.g., copayments, deductibles and other coinsurance amounts) under the applicable health benefits plan; the health plan's financial responsibility will be based on the plan's terms and the applicable Emory Healthcare Hospital's agreed rates without further adjustment, regardless of whether the health plan has made payment to the patient or to Emory Healthcare. The combination of insurance payments and patient payments may exceed the AGB.

2. *Where to Obtain Information About a Hospital's AGB Percentage*

Each Emory Healthcare Hospital's AGB Percentage is posted on Emory Healthcare's website at <https://www.emoryhealthcare.org/patients-visitors/insurance-billing/financial-assistance>. In addition, members of the public may obtain a copy of a Hospital's AGB Percentage in writing and free of charge by contacting the Hospital's Patient Access Office at the locations and phone numbers listed in Appendix C.

3. *Services Other Than Emergency Care or Medically Necessary Care That Are Covered by the FAP*

Federal regulations require hospital facilities to charge patients eligible for financial assistance less than Gross Charges for medical care covered by the hospital facility's financial assistance policy (other than Emergency Care or Medically Necessary Care, for which patients eligible for financial assistance cannot be charged more than AGB). This Financial Assistance Policy does not include medical care other than Emergency Care and Medically Necessary Care.

I. Billing and Collections Policy

All billing statements sent to patients include a conspicuous written notice that informs recipients about the availability of financial assistance under this Policy and includes the telephone number of the Emory Healthcare office that can provide information about this Policy and the Financial Assistance Application process, as well as the direct website address where copies of this Policy, the Financial Assistance Application form, and a Plain Language Summary of this Policy may be obtained.

The actions that Emory Healthcare may take in the event of non-payment are described in a separate Billing and Collections Policy. A copy of the Billing and Collections Policy is available on Emory Healthcare's website at <https://www.emoryhealthcare.org/patients-visitors/insurance-billing/financial-assistance>. In addition, a paper copy is available, upon request and without charge,

in each Hospital's Admissions and Registration areas, in the Emergency Room, and by contacting any of the Patient Access Offices listed in Appendix C.

J. Providers Covered Under This Policy

Each Emory Healthcare Hospital maintains a list (the "Provider List") of providers (other than the Hospital itself) delivering Emergency Care or other Medically Necessary Care to patients in the Hospital that specifies which providers are covered by this Policy, and which are not. The Provider List is maintained separately from this Policy and is updated quarterly. The Provider List may be obtained, free of charge, online at <https://www.emoryhealthcare.org/patients-visitors/insurance-billing/financial-assistance> or by contacting any of the Patient Access Offices listed in Appendix C.

K. Emergency Medical Care Policy

Emory Healthcare Hospitals provide care, without discrimination, for emergency medical conditions within the meaning of EMTALA, regardless of whether they are eligible for financial assistance under this Policy. Emory Healthcare prohibits Hospitals from engaging in any action that would discourage individuals from seeking emergency medical care, including requiring prepayment of fees or conducting debt collection activities in any Emergency Department or in other Hospital venues where such activities could interfere with the provision, without discrimination, of emergency medical care.

V. **APPENDIX ATTACHMENTS**

Appendix A: List of Services excluded from Eligible Health Care Services

Appendix B: Emory Healthcare Financial Assistance Application

Appendix C: Emory Healthcare Patient Access Offices

Appendix A

The following services are excluded from the definition of “Eligible Health Care Services” and are not covered by the Financial Assistance Policy.

Definition	Type of Service
High-Cost Treatment: other alternatives usually available; not included as Eligible Health Care Services but may be subject to some level of charity care on a case-by-case basis	▪ Cochlear implant ▪ Elective infant circumcision ▪ LDL apheresis ▪ Transplants ▪ Bariatric surgery ▪ Deep brain stimulation ▪ Penile or testicular implant ▪ Vasectomy reversal ▪ Preservation reproductive opportunities after cancer treatment (IVF for PROACT) ▪ Services are provided to Veterans Administration recipients who refuse transfer to a VA facility ▪ Any other procedure that does not meet medical necessity criteria
Excluded Services	▪ Cosmetic surgery/procedures* ▪ Infertility Evaluation and Treatment ▪ Optical Shop products ▪ Routine eye exams ▪ Contact lenses or exams* ▪ Hearing aids ▪ Acupuncture

Appendix B

FINANCIAL ASSISTANCE APPLICATION

Emory Healthcare - Updated April 2026

Patients who are unable to pay for emergency and medically necessary health care services provided by Emory Healthcare may be eligible for financial assistance. If you would like to be evaluated for financial assistance eligibility, please complete and return this Financial Assistance Application form. See Emory Healthcare's *Financial Assistance Policy, Plain Language Summary*, and other relevant documents at www.emoryhealthcare.org/patients-visitors/financial-assistance.html for more information.

Patient's Name:

_____ SS#: _____

Gaurantor's Name (if different from patient):

_____ SS#: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Years Employed: _____

Are you married? ☐ Yes ☐ No Spouse's Name: _____

Number of Dependents (include yourself): _____ Ages: _____

Number of Household members: _____

Family Income Information		
(Total income received by the patient, the patient's Family members who are older than 15 years of age, and all Guarantors from all sources; see Financial Assistance Policy for additional information)		
Type of Income	Patient	Spouse/Other Household Member
Salary ☐ Hourly ☐ Monthly ☐ Yearly <i>(check one)</i>	\$	\$
Unemployment	\$	\$
Social Security or Disability	\$	\$
AFDC	\$	\$
Child Support	\$	\$
Savings Account	\$	\$
Checking Account	\$	\$
Other	\$	\$

To verify Family Income, please provide the following documents (as applicable) for patient and spouse:

- ☐ Pay Stubs for the last 4 weeks (or employer statement verifying gross wages); or
- ☐ Most recent tax return; or
- ☐ Most recent IRS Form 1040; or
- ☐ IRS W-2 Form (issued during the past year); or
- ☐ Income Award Letter; or
- ☐ Unemployment compensation denial letter; or
- ☐ Most recent two months of bank statements for each checking, savings, money market, or other account; or
- ☐ Documentation or an attestation of all other income for the most recent two months

Requirements for Applying for Financial Assistance

- Patients requesting financial assistance must provide documentation and other information requested by Emory Healthcare, as outlined in Emory Healthcare's *Financial Assistance Policy* and this *Financial Assistance Application*.
- Patients requesting financial assistance must cooperate by applying for public benefits, if applicable, such as Medicaid, Social Security, and disability.
- At any point during the application process, Emory Healthcare may request additional information or documentation to help determine eligibility for Financial Assistance. If the patient's or spouse's financial circumstances change, Emory Healthcare may require a new application.
- Financial Assistance approvals are valid for a maximum of 6 months, but Emory Healthcare reserves the right to review financial assistance eligibility under the *Financial Assistance Policy* at any time and to make adjustments, as needed.
- Providing false, incomplete, or misleading information may result in the retroactive denial or reduction of financial assistance, and patients may be held responsible for the resulting balance.

By signing below, I certify that:

- (1) I understand the requirements for applying for financial assistance, as outlined above.
- (2) The information I have included in this form is true and correct, to the best of my knowledge.
- (3) I understand that Emory Healthcare will use the information in this form to assess my ability to pay for services provided by Emory Healthcare (or an affiliated entity).
- (4) I give permission for Emory Healthcare and all affiliated hospitals, clinics, and other entities to share my information as needed to consider my request for financial assistance, consistent with Emory Healthcare's *Financial Assistance Policy*.

Patient's/Gaurantor's Signature: _____ Date: _____

Please print full name: _____

Spouse's Signature (if applicable): _____ Date: _____

Please print full name: _____

Appendix C
Patient Access Offices

Emory University Hospital Patient Access Department
1364 Clifton Road, NE
Atlanta, GA 30322
404-686-8595

Emory University Orthopaedics and Spine Hospital Patient Access Department
1455 Montreal Road
East Tucker, GA 30084
404-251-3299

Emory Rehabilitation Hospital Patient Access Department
1441 Clifton Road, NE
Atlanta, GA 30322
404-686-8569

Emory University Hospital Midtown Patient Access Department
550 Peachtree Street, NE
Atlanta, GA 30308
404-686-8947

Emory Saint Joseph's Hospital of Atlanta Patient Access Department
5665 Peachtree Dunwoody Road, NE
Atlanta, GA 30342
678-843-5261

Emory Johns Creek Hospital Patient Access Department
6325 Hospital Parkway
Johns Creek, GA 30097 678-474-7099

The Emory Clinic Patient Access Department
1365 Clifton Road
Atlanta GA 30322
404-778-7318
800-511-4443

Emory Specialty Associates Patient Access Department
1365 Clifton Road
Atlanta GA 30322
404-778-7318
800-511-4443

Emory Decatur Hospital Patient Access Department
2701 N. Decatur Road
Decatur, GA 30033
404-501-5519

Emory Hillandale Hospital Patient Access Department
5900 Hillandale Drive
Lithonia, GA 30058
404-501-5519

Emory Long Term Acute Care Patient Access Department
450 N. Candler Street
Decatur, GA 30030
404-501-5519

Emory Hospital Warner Robins
1601 Watson Boulevard
Warner Robins, GA 31093
478-922-4281

Emory Hospital Perry
1120 Morningside Drive
Perry, GA 31069
478-987-3600