



Financial Assistance Policy Plain Language Summary

As part of Parrish Medical Center's (PMC) vision, "Healing Families | Healing Communities®," PMC provides financial assistance to patients unable to pay for emergency or medically necessary care.

Eligibility Requirements

Eligibility for financial assistance is determined on a case-by-case basis. Multiple factors are considered, including the condition, care required, insurance coverage or other sources of payment, income and family size. Special circumstances will be considered as part of the review process. Financial assistance is offered to patients who are uninsured and underinsured. Partial or full assistance will be granted based on a patient's ability to pay the billed charges. Patients must fully comply with the application process, including submitting necessary paperwork. A list of necessary documents can be found in the Financial Assistance Application.

You may be eligible for this support if you can establish that:

- You have no insurance coverage or limited insurance coverage.
- You meet residency requirements within the North Brevard Medical District.
- You meet income criteria based on documentation that during the past three (3) months you have income at, or below, 250% of the Federal Poverty Guidelines furnished annually by the Department of Health and Human Services. For self-employed individuals, twelve (12) months of income documentation is required.
- You are not eligible for Medicaid or other public or private programs. We will help check your eligibility and assist in the application process for Medicaid, if qualified.

What Services Are Eligible

- Inpatient and outpatient hospital care at Parrish Medical Center facilities, including emergency care, laboratory, imaging services and rehabilitation.

- Services that are not provided or billed by Parrish Medical Center are not covered. Contracted and Community/Private providers are not required to participate in Parrish Medical Center's financial assistance program.

Applying for Financial Assistance

Every patient may request and submit a financial assistance application for consideration. Applications are available:

- Electronically from the Parrish Medical Center website, <http://www.parrishhealthcare.com>
- By requesting, by mail or phone, an application to be sent by U.S. Mail service to a home address.
- In person at the Registration or Guest Services Desk of all Parrish Medical Center facilities covered by this policy.
- In person at the Parrish Medical Center Business Office.

Completed financial assistance applications must be submitted with all requested supporting documentation to the Parrish Medical Center Business Office. Applications may be submitted in person or mailed to:

Parrish Medical Center Business Office
North Building
951 N. Washington Avenue
Titusville, FL 32796

For Help or Questions:

Call (321) 268-6158 Ext. 8462 or visit Parrish Medical Center Business Office at the address. Our office hours are Mon - Fri, 8a - 4:30p.

For Spanish Speakers

Translations of the Financial Assistance Policy, Financial Assistance Application and this Plain Language Summary are available at <http://www.parrishhealthcare.com> on the Financial Services pages.