



**FOX CHASE CANCER CENTER
(THE AMERICAN ONCOLOGIC HOSPITAL)**

**EMERGENCY CARE, CHARITY CARE, FINANCIAL
ASSISTANCE AND UNINSURED DISCOUNT POLICY**

EFFECTIVE JULY 1, 2014

SUMMARY

Fox Chase Cancer Center (the “Hospital”) strives to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of everyone in the community, to assist patients who cannot afford to pay, and to balance appropriate financial assistance for patients with fiscal responsibility. The Hospital provides free or discounted care to patients who cannot afford to pay for their care pursuant to its Emergency Care, Charity Care, Financial Assistance and Uninsured Discount Policy (the “Policy”). This summary of the Policy is intended to provide a brief overview.

The Hospital provides emergency medical care to all patients, without discrimination, and without regard to residence or ability to pay.

For non-emergency care, the Hospital provides free or discounted care for medically necessary services to patients who live within its service area and who meet eligibility requirements.

Eligibility for assistance under the Hospital’s Policy is based on financial need. Financial need is determined by family size and family income levels set by the federal government. The income levels are called the Federal Poverty Guidelines.

A family whose income is less than 100% of the Federal Poverty Guideline income for a family of its size may qualify for free care. A family whose income is between 100% and 400%, of the Federal Poverty Guideline income for a family of its size may qualify for a discount from the amounts generally billed by the Hospital for the care. The discounts range from 25% to 75%. To calculate a family’s income, the Hospital considers taxable and non-taxable income and family assets.

To apply for free or discounted care, a patient must complete a written application and provide proof of income. A patient may be required to apply for government-provided health programs or Medical Assistance/Medicaid, if applicable.

Patients who qualify for assistance under the Policy will not be charged more for emergency care or other medically necessary care than amounts generally billed by the Hospital for care.

The full text of the Policy, this summary, and an application form are available at www.foxchase.org under “Financial Assistance”. To obtain additional information or to request that a copy of the Policy, this summary, or an application (in English or Spanish) be mailed to you, call 215-728-2678 or 215-728-3383 or visit the Office of Financial Counseling at 333 Cottman Avenue, Philadelphia, PA 19111. Financial counselors are available Mondays through Fridays from 8:00 a.m. to 5:00 p.m. Please know that we will treat your questions and any information you provide us with confidentiality and courtesy.