

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE PROGRAM POLICY

Financial Assistance Offered

Broward Health provides financial assistance through its Financial Assistance Program to defray the costs of emergency or medically necessary services to uninsured patients who permanently reside within Broward Health's residential boundaries and for which no other funding sources exist.

How to Apply for Assistance

In order to apply for financial assistance, applicants must gather all information requested on the financial assistance checklist and meet with a Broward health financial counselor to complete a financial assistance application online.

Contact Information

For more information regarding Broward Health Financial Assistance Program, or assistance with the application process, please visit us online at www.browardhealth.org or call (954) 759-7500 (Option 1) to obtain an appointment to speak with a financial counselor. Additional information is also available by mail at all four Medical Centers.

Broward Health Medical Center, 1600 S. Andrews Avenue, Fort Lauderdale, FL 33316

Broward Health North, 201 E. Sample Rd., Deerfield Beach, FL 33064

Broward Health Imperial Point, 6401 N. Federal Highway, Fort Lauderdale, FL 33308

Broward Health Coral Springs, 300 Coral Hills Drive, Coral Springs, FL 33065

Eligibility Requirements

Each financial assistance application and income statement will serve to determine eligibility for all uninsured household family members listed within the application.

Applicants must first apply for available assistance programs (examples include, but are not limited to, Health Insurance Marketplace, Medicaid, Medicare, Florida KidCare, etc.) and comply with the application process, in order to be deemed eligible for Broward Health financial assistance. Failure to do so will result in denial of the application or revocation of the approved financial assistance.

In accordance with the Federal Poverty Guidelines a qualified/approved applicant whose family income falls below or at 300% of the Federal Poverty Guidelines will receive full financial assistance with a \$10, \$25 or \$50 co-pay responsibility (depending upon income level).

Availability of Translations of the Financial Assistance Policy

Translations of the Financial Assistance Policy, Financial Assistance Program Application and this plain language summary are available in English, Spanish, Portuguese, and Creole at www.browardhealth.org.

Amounts Generally Billed

A patient determined to be eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.