

Indiana Orthopaedic Hospital, LLC (“OrthoIndy” or “Hospital”) provides financial assistance for certain individuals who receive emergency or other medically necessary care from the Hospital. This summary provides a brief overview of the Hospital’s Financial Assistance Policy.

Who Is Eligible?

Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 200% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 200% of the Federal Poverty Level but does not exceed 300% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

The sliding scale discount is as follows:

- <200% of current FPL
- 201%-225% of current FPL
- 226%-250% of current FPL
- 251%-275% of current FPL
- 276%-300% of current FPL
- 100% Write-off of Account
- 80% Write-off of Account
- 60% Write-off of Account
- 40% Write-off of Account
- 20% Write-off of Account

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact our Charity Administrator at **317.773.4225**.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://www.orthoindy.com/pay-bill> and at all patient registration departments. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by contacting our Charity Administrator at **317.773.4225**.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. Free copies of the Financial Assistance Policy and Financial Assistance Policy application can also be obtained by mail by calling our Charity Administrator at **317.773.4225**.

Translations of the Financial Assistance Policy, the Financial Assistance Policy Application, and this plain language summary are available in the following languages on our website and upon request: Spanish, French, Chinese and Arabic.