

Sliding Fee Discount Program

Plain Language Summary of Sliding Fee Discount Program Policy For Designated Sites*

To meet the needs of the communities it serves and in recognition of its status as a nonprofit healthcare system, Union Health has established a Sliding Fee Discount Program Policy to provide financial assistance for eligible patients who are unable to sustain the burden of medical expenses due to limited income.

The Sliding Fee Discount Program Policy applies to ambulatory primary care services, including emergency medical services and medically necessary healthcare, provided at designated clinical locations. A list of the designated clinical locations may be found below. Services at other locations may be covered by a separate financial assistance policy (see reverse side for details).

Financial assistance under the Sliding Fee Discount Program is provided based on household income and family size. Generally, to be eligible for financial assistance, patients must have household incomes at or below 300% of the federal poverty guidelines. To be eligible for full financial assistance, with an allowance for a nominal fee, patients must have household incomes at or below 100% of the federal poverty guidelines. Financial assistance may also be available in other limited circumstances, depending on the size of the patient's medical bills and whether the patient meets other criteria for eligibility.

Patients may apply for financial assistance by completing a Sliding Fee Discount Program Application. Copies of the application, as well as the Sliding Fee Discount Program Policy, are available at all patient registration sites or by visiting www.union.health. Patients may also request free copies of the application and the Sliding Fee Discount Program Policy by calling Patient Financial Services at (812) 238-7621 or writing Union Health, P.O. Box 3589, Terre Haute, IN 47803.

Persons seeking more information or needing assistance in completing the application may contact Patient Financial Services at (812) 238-7621. A patient qualifying for financial assistance under the Sliding Fee Discount Program Policy with respect to emergency or medically necessary healthcare services will not be charged more than the amounts generally billed for the same services to patients who have insurance covering such care.

Translations of the Sliding Fee Discount Program Policy, the Financial Assistance Application, and this plain language summary are available upon request.

Designated Sites*

UNION MEDICAL GROUP

Downtown Family Medicine

↙ 221 S. Sixth Street | Terre Haute, IN 47807
 ☎ (812) 242-3737

UNION MEDICAL GROUP

Eastside Family Medicine

↙ 2133 State Road 46 | Terre Haute, IN 47803
 ☎ (812) 244-1800

UNION MEDICAL GROUP

Northside Family Medicine

↙ 1739 N. 4th Street | Terre Haute, IN 47804
 ☎ (812) 242-3600

UNION MEDICAL GROUP

Southside Family Medicine

↙ 4601 S. 7th Street | Terre Haute, IN 47802
 ☎ (812) 232-3281

UNION HOSPITAL MEDICAL GROUP

Illiana North

↙ 1332 N. 7th Street | Terre Haute, IN 47804
 ☎ (812) 478-8888

UNION HOSPITAL MEDICAL GROUP

Illiana South02

↙ 601 Surgery Center Dr. | Terre Haute, IN 47802
 ☎ (812) 235-1200

UNION HOSPITAL MEDICAL GROUP

Dr. Gary A. Fitzgerald

↙ 1530 N. 7th Street, Ste 104 | Terre Haute, IN 47807

UNION HOSPITAL MEDICAL GROUP

Dr. Janis C. Ingebrigtsen

↙ 1530 N. 7th Street, Ste 110 | Terre Haute, IN 47807
 ☎ (812) 238-7878

UNION MEDICAL GROUP

Thomas Plaza - Dr. Patrick Titzer

↙ 5500 US Hwy 41 S | Terre Haute, IN 47802
 ☎ (812) 232-3281

UNION MEDICAL GROUP

Thomas Plaza - Dr. Daniel Kellar

↙ 5500 S Us Hwy 41 S | Terre Haute, IN 47802
 ☎ (812) 238-7791

UNION HOSPITAL MEDICAL GROUP

Riley Family Medicine

↙ 7500 SR 46 | Riley, IN 47871
 ☎ (812) 894-2304

UNION HOSPITAL MEDICAL GROUP

OB/GYN South - Dr. Vannara Sakbun

↙ 611 E. Springhill Drive | Terre Haute, IN 47802
 ☎ (812) 478-9845

UNION MEDICAL GROUP

OB/GYN

↙ 1429 N 6th St | Terre Haute, IN 47807
 ☎ (812) 242-3115

UNION MEDICAL GROUP

Pediatrics

↙ 221 S. 6th Street | Terre Haute, IN 47807
 ☎ (812) 242-3105

CLAY CITY CENTER FOR FAMILY MEDICINE

↙ 315 Lankford Street | Clay City, IN 47841
 ☎ (812) 939-2126

CORK MEDICAL CENTER

↙ 408 N. 2nd Street | Marshall, IL 62441
 ☎ (217) 826-2361

UNION HOSPITAL MEDICAL GROUP

Internal Medicine - Dr. Imad George Koj

↙ 3903 S. 7th St - Ste 2E | Terre Haute, IN 47802
 ☎ (812) 235-7370

UNION HOSPITAL MEDICAL GROUP

OB/GYN - Dr. Rajalakshmi Venkatesh Shantharam

↙ 1530 N. 7th St - Ste 109 | Terre Haute, IN 47804
 ☎ (812) 242-9631

UNION HOSPITAL MEDICAL GROUP

Internal Medicine - Dr. Antwan M. Mardini

↙ 1530 N. 7th St - Ste 111 | Terre Haute, IN 47804
 ☎ (812) 232-9663

*The list of designated sites is subject to change. For the most recent list of designated sites please visit www.union.health.

Patient Information

Patient Name		Account Number	
Street Address	City	State	Zip Code
Phone Number		Email	

Household Information

PLEASE LIST ALL MEMBERS OF THE HOUSEHOLD, INCLUDING PARENTS, SPOUSE, AND BIOLOGICAL/LEGALLY ADOPTED CHILDREN UNDER 18 YEARS OF AGE

Name (first & last)	Relationship to patient	Age/DOB	Total Gross Monthly Income <small>(3 MOS Prior to Service)</small>	Total Gross Monthly Income <small>(12 MOS Prior to Service)</small>
	Self	Age Mo./Day/Yr.	\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

If you have no income, how are you being supported?

For income listed above, you must provide the following for each member of the household:

- | | |
|---|--|
| <p><input type="checkbox"/> Employment
Provide pay stubs showing gross income for 3 - 12 months prior to the date of service.</p> <p><input type="checkbox"/> Self Employment
Submit complete tax forms from most recent filing including Schedule C.</p> | <p><input type="checkbox"/> Social Security / Pension / Disability
Include most recent benefit letter.</p> <p><input type="checkbox"/> Other
Proof of any other income (unemployment benefits, dividends, interest, rental income, etc.)</p> |
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ADULT PATIENT OR AUTHORIZED PERSON ONLY

By signing this document:

I affirm all the answers on this application are true. Should a subsequent review reveal that any information provided was fraudulent, the decision to provide financial assistance may be reversed and the responsible party will be billed. I understand that the information I submit is subject to verification and review by federal and/or state agencies and others as required.

Patient Signature	Date
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