

How to apply

- Call 240-566-4602 and ask one of our Financial Counselors to mail the application to you.
- Pick up a copy of the application at Frederick Hospital or one of our offsite locations.
- If you have a computer and the internet, you can go to **FrederickHealth.org/Billing** and download the application.

Non-Discrimination Notice

Frederick Health offers its services, benefits, facilities and care to all individuals and does not deny, exclude or discriminate against any person because of their race, ethnicity, religion, color, national origin, ancestry, alienage, language, age, gender, sexual orientation, gender identity or expression, familial status, disability, or other protected characteristic under the law.

Attention: The Financial Assistance Policy, Application and Plain Language Summary are available in English and Spanish at **FrederickHealth.org/Billing**. If you have limited English ability or need Sign Language, language assistance services are available to you free of charge. Call 1-240-566-4370 (TTY: 1-240-566-3592).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 240-566-4370.

Attention: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 240-566-4370.

Per Maryland's Health Services Cost Review Commission, Patients may file a complaint against a hospital for an alleged violation of its financial assistance policy by sending the complaint to **hsrc.patient-complaints@maryland.gov**.



400 West 7th Street
Frederick, MD 21701

240-566-3370
TDD 240-566-3700

[FrederickHealth.org](https://www.FrederickHealth.org)

Financial Assistance Policy



Frederick Health wants to make sure every patient has access to medically necessary care, even if they are not able to pay. If you are unable to pay, you may qualify for free or reduced cost of medically necessary care, even if you do have some insurance coverage. To learn more or find out if you qualify, you can ask to meet with a Financial Counselor prior to or after you receive your care. If you have questions, you can call one of our Financial Counselors at 240-566-4602.

Who can apply?

Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges or amount generally billed (AGB), as set by Maryland's Health Services Cost Review Commission (HSCRC). Only providers employed by Frederick Health are covered under this policy. A list of our employed health care service providers is available at [FrederickHealth.org/Find-a-Doctor](https://www.frederickhealth.org/Find-a-Doctor)

If you are a patient or the person paying the medical bill, you may be able to get help with your bill if you:

- Do not have health insurance.
- Do not qualify for Medicare, Medicaid, or another state or county funded health care program.
- Have a family income less than 500% of the current Federal Poverty Level (*See FPL table below*).

If you do have health insurance, including Medicare, you may still be able to get help paying your bill if you:

- Are unable to pay the part of your bill that your insurance won't cover.
- Have a family income less than 500% of the current Federal Poverty Level (*See FPL table below*).

You may be presumptively eligible for free care if you:

- Have active Medical Assistance pharmacy coverage
- Have qualified Medicare Beneficiary coverage
- Are homeless
- Are a Maryland Public Health System Emergency Petition patient
- Participate in the Women, Infants and Children or "WIC" program
- Use food stamps
- Use other state or local assistance programs
- Were able to get help as part of the older State Only Medical Assistance Program

Medical hardship

If you don't qualify for traditional financial assistance, you may be able to use our Medical Hardship Program. Please call one of our Financial Counselors at 240-566-4602.

You can view our complete Financial Assistance Policy, as well as our Self-Pay Collection Policy online at [FrederickHealth.org/Billing](https://www.frederickhealth.org/Billing)

Family Size	2021 FPL	200% FPL	275% FPL	350% FPL	425% FPL	500% FPL
1	\$ 12,880	\$ 25,760	\$ 35,420	\$ 45,080	\$ 54,740	\$ 64,400
2	\$ 17,420	\$ 34,840	\$ 47,905	\$ 60,970	\$ 74,035	\$ 87,100
3	\$ 21,960	\$ 43,920	\$ 60,390	\$ 76,860	\$ 93,330	\$109,800
4	\$ 26,500	\$ 53,000	\$ 72,875	\$ 92,750	\$112,625	\$132,500
5	\$ 31,040	\$ 62,080	\$ 85,360	\$108,640	\$131,920	\$155,200
% of Financial Assistance Available to You		100%	80%	60%	40%	20%