



# *Financial Assistance Policy*

**Mayo Clinic Hospital — Rochester**

**Methodist and Saint Marys Campuses  
Pursuant to 501(r) of the Internal Revenue Code**

## **Policy**

Mayo Clinic Hospital — Rochester is committed to providing access to quality health care for the community it serves including patients in difficult financial circumstances, and offers financial assistance to those with an established need to receive emergency medical care and medically necessary hospital services. In addition to financial assistance offered pursuant to the terms of this policy, Mayo Clinic offers other assistance to patients including financial assistance for services that are not provided in a hospital setting.

Actions Mayo Clinic Hospital — Rochester may take in the event of non-payment are described in Mayo Clinic's Billing and Collections Policy. A free copy of this policy may be obtained by visiting [www.mayoclinic.org/financialassistance](http://www.mayoclinic.org/financialassistance) or calling 1-844-217-9591, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Mayo Clinic Hospital — Rochester will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this policy.

## **Purpose**

This policy serves to establish and ensure a fair and consistent method for uninsured and under-insured patients to apply and be considered for financial assistance related to emergency and other medically necessary hospital care. Please note that not all medical services at Mayo Clinic Hospital — Rochester qualify for assistance under this policy. Financial assistance involves free or discounted care based on household income and assets that are required to be disclosed in the application process. Financial assistance is based on a discount of the gross charge for hospital services provided with a minimum discount of 50% for those determined to be eligible for financial assistance at Mayo Clinic Hospital — Rochester.

## **Definitions**

*Applicant:* Patient or other individual responsible for payment of the patient's care who seeks financial assistance.

*Application Period:* Begins on the date medical care is provided and ends 240 days after the first post-discharge billing statement or 30 days after the hospital or authorized third party provides written notice of extraordinary collection actions the hospital plans to initiate, whichever is later.

*Bad debt:* The cost of providing care to persons who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.

*Financial Assistance:* The cost of providing free or discounted care to individuals who cannot afford to pay all or a portion of their hospital medical bills based on the eligibility rules identified in this policy. Mayo Clinic Hospital — Rochester may determine inability to pay before or after medically necessary services are provided.

*Gross Charges:* The full established price for medical care provided to patients.

*Medically Necessary Care:* Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration; and
- Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider.

*Self-pay Balance:* The amount due to a provider or hospital after services are rendered and all other payment options or reimbursement methods are exhausted.

## Providers Covered Under This Policy

All Mayo Clinic employed medical providers rendering care at Mayo Clinic Hospital — Rochester, Methodist, and Saint Marys Campus are covered under this policy.

A list of providers contracted or otherwise authorized to render care to patients in the Mayo Clinic Hospital — Rochester, other than the hospital facility itself, delivering emergency or other medically necessary care in the hospital facility, specifying which providers are covered by this financial assistance policy, is maintained separately from this financial assistance policy. The Provider List applies only as of the date on which it was created or last updated, as specified in the Provider List. The Provider List may be obtained, free of charge, by calling 1-844-217-9591, online at [www.mayoclinic.org/financialassistance](http://www.mayoclinic.org/financialassistance), or by visiting a business office location:

Mayo Clinic — Rochester, Gonda Building, Lobby Level East

Mayo Clinic Hospital — Rochester, Methodist Campus, Eisenberg Building, Lobby Level

Mayo Clinic Hospital — Rochester, Saint Marys Campus, Mary Brigh Building, Main Floor

## Eligibility Criteria for Financial Assistance

Eligibility for financial assistance requires the complete cooperation of the applicant during the application process, including:

1. Completion of the application process for all available assistance, including Medical Assistance or Medicaid, and a signed authorization and service terms form allowing Mayo Clinic to submit claims;
2. Completion of the financial assistance application including all required documents;
3. Meet annual household income and family size criteria as set forth in the Federal Poverty Guidelines for the previous tax year; 50% adjustment of the self-pay balance for applicants with household income of up to 400% of the Federal Poverty Guidelines; 100% adjustment of the self-pay balance for applicants with household income of equal to or less than 200% of the Federal Poverty Guidelines; and
4. A demonstrated inability to pay for services based on all available assets.

Mayo Clinic Hospital — Rochester reserves the right to deny financial assistance to individuals who are required to obtain health insurance coverage but choose not to do so or individuals who decline insurance coverage, including government assistance plans, due to religious reasons. Many applicants are not aware that they may be eligible for government assistance plans or have not applied for such plans.

Mayo Clinic Hospital — Rochester may consider paying COBRA premiums for a limited period of time if a patient would otherwise be approved to receive financial assistance. Mayo Clinic Hospital — Rochester reserves the right to deny financial assistance if an applicant fails to cooperate with Mayo Clinic Hospital — Rochester regarding all processes and documentation necessary for the payment of COBRA premiums.

Mayo Clinic Hospital — Rochester makes every reasonable attempt to collect from insurance companies and any other third-party payers.

Mayo Clinic Hospital — Rochester reserves the right to reverse financial assistance and pursue appropriate reimbursement or collections as a result of newly discovered information, including insurance coverage or payment to the applicant or pursuit of a personal injury claim related to the services in question. All payments received by Mayo Clinic Hospital — Rochester after financial assistance is awarded will result in the reversal of the adjusted amounts to resolve the remaining self-pay balance without creating a balance due or a credit balance.

Patients receiving care in the Emergency Department who are without financial resources may be eligible for financial assistance if they are unemployed or have no permanent address or insurance coverage. Indigent patients without access to the required application documentation may still be eligible for financial assistance.

Patients eligible for pre-service financial assistance must demonstrate an ability to provide or sustain any long-term care necessary for their health and well-being as their initial condition dictates or their care team directs.

Providing financial assistance does not obligate Mayo Clinic Hospital — Rochester to provide continuing care; however, in Mayo Clinic Hospital — Rochester's sole discretion, services and support that are medically necessary and unavailable elsewhere may be provided on a continuing basis. Patients may be required to re-apply for financial assistance at least every 180 days.

Mayo Clinic Hospital — Rochester and its affiliates may share patient financial assistance information across Mayo Clinic affiliated sites for the benefit and ease of administering financial assistance to patients seen at multiple locations. No information will be shared outside of Mayo Clinic unless authorized or required by law.

## Method of Applying for Financial Assistance

Financial assistance is offered through either an application process or based on current eligibility for Medical Assistance or other governmental need-based assistance.

## **Application Process**

Applicants who want to apply for financial assistance may apply by either requesting the application form or downloading and printing the financial assistance application form at no charge. Mayo Clinic Hospital — Rochester will notify applicants of incomplete applications and specify the documents or information needed to complete the application process, which should be provided within 30 days. Mayo Clinic Hospital — Rochester reserves the right to deny financial assistance if the application is not received within the application period.

Mayo Clinic Hospital — Rochester Revenue Cycle staff will review the application and make a determination of financial assistance that may be offered. The application review process takes approximately 30 days. Once a decision has been made for financial assistance, a letter will be sent to the applicant advising of the decision.

## **Applications for financial assistance are available at no charge at the following website:**

[www.mayoclinic.org/financialassistance](http://www.mayoclinic.org/financialassistance)

## **Applications are available by written request at:**

Mayo Clinic Hospital — Rochester Patient Account Services  
200 First Street SW  
Rochester, MN 55905

## **Applications are also available at the Mayo Clinic Hospital – Rochester Admissions, Business Services desk locations and the Emergency Department.**

## **Financial Assistance Policy and application assistance is available:**

Secure patient portal by visiting [www.mayoclinic.org](http://www.mayoclinic.org) and selecting Log in to Patient Account from the home page.

You may also call 1-844-217-9591 or visit a business office location:

Mayo Clinic — Rochester, Gonda Building, Lobby Level East  
Mayo Clinic Hospital — Rochester, Methodist Campus, Eisenberg Building, Lobby Level  
Mayo Clinic Hospital — Rochester, Saint Marys Campus, Mary Brigh Building, Main Floor

## **Basis for Calculating Amounts Charged to Patients**

All patients are billed according to gross charged amounts; however the self-pay balance for patients eligible for financial assistance is limited to the Amount Generally Billed (AGB) to those who have insurance covering such care. Mayo Clinic Hospital — Rochester uses a look-back method to calculate the AGB by dividing the amounts allowed by Medicare fee for service and commercial and private health insurers by the gross charges submitted. The amount that a patient is expected to pay out of pocket is limited to the AGB percentage of the gross charge if that patient is deemed eligible for financial assistance. The combination of insurance payments and patient or applicant payments may exceed the AGB.

Individuals may obtain more information, in writing and without charge, about the Mayo Clinic Hospital — Rochester AGB by either contacting Patient Account Services at 1-844-217-9591 or obtaining the Mayo Clinic Hospital — Rochester AGB and information on the AGB calculation on our website at [www.mayoclinic.org/financialassistance](http://www.mayoclinic.org/financialassistance).

## **Emergency Services**

Mayo Clinic Hospital — Rochester provides medical screening examinations and emergency care to stabilize patients, regardless of their ability to pay and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). Mayo Clinic Hospital — Rochester prohibits any actions that would discourage individuals from seeking emergency medical care and does not perform debt collection activity in the Emergency Department.

## **Equal Opportunity**

Mayo Clinic Hospital — Rochester is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state, or local laws.

## **Confidentiality**

Mayo Clinic staff will uphold the confidentiality and individual dignity of each patient. Mayo Clinic Hospital — Rochester and all affiliates will adhere to HIPAA requirements for handling personal medical, health, and financial information.