

Tulane Health System

Plain Language Financial Assistance Policy Summary

Financial assistance with respect to emergency and medically necessary care may be available to patients who do not qualify for state or federal assistance. In most cases, patients that fall between 0-200% of the Federal Poverty Guidelines based on total household income may have a 100% Charity discount processed (subject to income verification/documentation requirements). In certain cases, other discounts ranging from 40-90% may apply if the patient's total household income exceeds these thresholds. Tulane Health System requires the completion of the Tulane Health System Financial Assistance Application. Further eligibility and assistance information, a copy of our financial assistance policy, the financial assistance application form and a plain language summary of the financial assistance policy (in English, Spanish, and Vietnamese) are available by written request to the following address: Patient Account Services, 1415 Tulane Ave., New Orleans, LA, 70112; or by calling the facility telephone number listed in Financial Assistance Policy. Patients can also download a copy of our financial assistance policy and the financial assistance application form from this website: <http://tulanehealthcare.com/patients-and-visitors/pay-your-bill.dot>. If you are eligible for financial assistance, the amount charged for emergency or other medically necessary care will not exceed amounts generally billed to patients with insurance.

Financial Assistance Policy Notice

Please take notice that if you do not submit a financial assistance application within 120 days from the date of the initial statement then the hospital facility (or other authorized party) may take certain actions against you in order to obtain payment of the bill including, but not limited to, reporting adverse information about the debt you owe to the hospital facility to credit reporting agencies or credit bureaus, and/or filing a civil lawsuit in order to obtain a judgement against you for the amount that you owe to the hospital facility.