

Patient Billing and Financial Assistance Hospital Information Sheet

Johns Hopkins Medicine is committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is important that you provide complete and accurate information about your health insurance coverage when you visit the hospital or an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurances will not pay a claim if it is sent in too long after the service was provided. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

Physician charges are not included in hospital bills and are billed separately. However, for your convenience, Johns Hopkins Medicine has simplified our billing statement, and you will receive one combined statement with all of your accounts.

You may request a payment plan if you cannot pay your medical bill in full. In some cases, you may have the option to set up a payment plan based on your income.

Summary of Financial Assistance Eligibility Requirements and Assistance Offered

Johns Hopkins Medicine offers financial assistance to certain individuals who meet specified financial criteria and request such assistance under a Financial Assistance Policy. If you cannot pay for your medical care, you may qualify for free or reduced cost medically necessary care if you are:

- A member of the hospital's community. The community extends to those persons living or working in the hospital's service area or requiring emergency services while otherwise visiting within the service area.
- Have no other insurance options
- Have been denied medical assistance or do not meet eligibility requirements
- Meet specific financial criteria

Individuals eligible for financial assistance under the Financial Assistance Policy will not be charged more for emergency or other medically necessary care than the amounts generally billed (AGB).

How to Apply for Assistance under the Financial Assistance Policy

To obtain free copies of the hospital's Financial Assistance Policy and Application, and for instructions on how to apply, please visit our website at: <https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-insurance/financial-assistance> or visit a Financial Counselor in the Admission Office of the hospital. To obtain a free copy of the Financial Assistance Policy and Application by mail, call 1-443-997-3370 (local) or 1-855-662-3017 (toll free) to request a copy or submit a written request to Johns Hopkins Health System, Customer Service – Financial Assistance, 3910 Keswick Road, S-5300, Baltimore, MD 21211.

Please call Customer Service at 1-443-997-3370 (local) or 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of the hospital with questions concerning:

- The financial assistance policy and application
- Your hospital bill

- Your rights and obligations about your hospital bill
- Your rights and obligations regarding reduced-cost, medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance, DC Medical Assistance, or other programs that may help pay your medical bills
- How to apply for a payment plan

Language translations for the Financial Assistance Policy and all related documentation can be found on our website at: <https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-insurance/financial-assistance>

Facility Fee

The hospital may charge an outpatient facility fee that is separate from and in addition to the bill you will receive from the physician or the provider.

Written Estimate

You have the right to request a written estimate of non-emergency hospital charges before your scheduled services so that you are informed about the charges that may be billed by the hospital.

Maryland

You may also qualify for Maryland Medical Assistance. For information about Maryland Medical Assistance contact your local department of Social Services at 1-800-332-6347 (TTY 1-800-925-4434) or visit: www.dhs.maryland.gov

If you have additional questions about your hospital bill or need assistance on how to file a complaint against a hospital with the Health Services Cost Review Commission or jointly with the Health Education and Advocacy Unit of the Maryland Attorney General's Office, contact the Office of the Attorney General at 1-877-261-8807.

District of Columbia

You may also qualify for DC Medicaid. For information about DC Medicaid, contact 1-202-727-5355 to locate your nearest Economic Security Administration (ESA) Service Center or visit: www.dc-medicaid.com

Under District of Columbia law, Sibley Memorial Hospital (SMH) must make its services available to all people in the community. SMH is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid.

SMH is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced charge without good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 1-202-727-1000. If a patient wants to file a complaint, forms are available from the State Health Planning and Development Agency.

Florida

Patients and families who do not have health insurance may apply for Florida Medicaid to cover medical expenses. If you are interested in applying for Florida Medicaid, please submit all necessary information to the Department of Children and Families Services on their website: <https://myaccess.myflfamilies.com>. Patients and their families who are not eligible for Florida Medicaid may apply for coverage through any one of the four state children's health insurance programs to cover future medical expenses. You may apply online at: www.floridakidcare.org or by calling 1-888-540-5437 or 1-877-316-8748 (TTY).