

Financial Assistance Plain Language Summary

In keeping with its mission, Holland Hospital is dedicated to making healthcare services accessible to the residents within its Primary and Extended Service Areas. The Hospital acknowledges the financial needs of patients who are unable to afford the charges associated with the cost of medical care. In that regard, the Hospital, when needed, provides medically necessary healthcare services free or at a reduced rate.

To manage its resources and responsibilities and to allow the Hospital to provide assistance to the greatest number of patients in need, the Board of Directors has established these guidelines for providing Financial Assistance.

Eligibility and Assistance Offered

In order to be eligible for free care or care at a reduced rate, the patient must apply by completing a Financial Assistance application. Patients applying for Financial Assistance will not be denied based upon race, color, religion, sex, age, national origin, or marital status. The decision to provide Financial Assistance will be based on a review of the patient's or family's income, assets and liabilities. Additional information may be requested and ultimately may affect the Hospital's decision.

The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient or family. All patients will be treated for emergency medical conditions without discrimination and regardless of their eligibility for free care or care provided at a reduced rate. Any patient eligible for financial assistance may not be charged more than the amounts generally billed for emergency or other medically necessary care.

Applying for Financial Assistance

Patients and families wishing to apply may submit an application and supporting documentation to Patient Financial Services either in person, via mail, email, or fax. The Financial Assistance application can be found on the Hospital's website. Alternatively, printed copies of the Hospital's Financial Assistance Policy and Application can be obtained at no extra cost by visiting the Cashier's Office located at the Hospital or calling Patient Financial Services Customer Service Department. This Plain Language Summary is available in English and Spanish.

Calculation of Free and Discounted Care

≤ 225% of Federal Poverty Guidelines	226-250% of Federal Poverty Guidelines	251-275% of Federal Poverty Guidelines	276-300% of Federal Poverty Guidelines
AGB Reduction	AGB Reduction	AGB Reduction	AGB Reduction
Eligible for 100% Reduction	Eligible for 75% Additional reduction based on FPL	Eligible for 50% Additional reduction based on FPL	Eligible for 25% Additional reduction based on FPL

Notification

In an effort to make our patients, families and community aware of the Hospital's Financial Assistance program, the Hospital has taken a number of steps to widely publicize this policy including posting of legible signage, development of this Plain Language Summary and making this information available at the registration desks. If you need additional information or have questions, please contact a representative at our Patient Financial Services office at:

Cashiers Office – Main Campus
602 Michigan Ave.
Holland, MI 49423

Website: hollandhospital.org
Telephone: 616-394-3122
Email: billing@hollandhospital.org