



“It is our mission to provide excellence in quality and service”

Financial Assistance Plain Language Summary

Oklahoma Heart Hospital and its Physicians have a Financial Assistance Policy/Program (FAP) that exists to provide eligible patients partial or fully discounted emergent or medical necessary care. Patients seeking such assistance must apply for the program. **Details on how to apply are outlined below.** All such documentation and applications are also available in Spanish if so needed.

Eligible Services are defined as – Emergent and/or medically necessary healthcare services provided by Oklahoma Heart Hospital and its Physicians. Eligible services are those services billed by OHH and its Physicians. Other services such as Pathology, ER Physicians, and Radiology are examples of services that are not eligible under the FAP since these are non-Oklahoma Heart Hospital staff. Patients that are deemed eligible are those patients that have submitted a completed Financial Assistance application (including related documentation/information). Generally, persons are eligible for Financial Assistance, using a sliding scale, or a percentage based on the Government’s Federal Poverty Guidelines. Eligibility for Financial Assistance, means that Eligible Persons will have their care fully or partially covered, and they will not be billed more than “Amounts Generally Billed”(AGB) to insured persons (AGB, as defined by IRS Section 501(r)). Any applications that are incomplete will not be considered, but applicants will be notified and given an opportunity to submit the required documentation/information. For help, or questions, please call the Oklahoma Heart Hospital Systems Business Office at 405-608-1200.

How to Apply:

1. Obtain an application in person at any of our hospital or clinic registration areas.
2. Request an application be mailed to you, by calling our Systems Business Office at 405-608-1200.
3. Download an application from our website www.okheart.com .
4. In person at our systems Business Office located at:

7800 N.W.85th Terrace, Suite 200
Attention: Business Office
Oklahoma City, OK 73132-3385
405-608-1200

All completed applications must be submitted to our Systems Business Office (with all required documentation /information as specified in the instructions) at 7800 N.W. 85th Terrace, Suite 200 Oklahoma City, OK 73132-3385.

When the completed application is received, it will be reviewed and a determination made as to the level of assistance available to you. If you should need further information and/or have additional questions please feel free to call our office at 405-608-1200.

**Oklahoma Heart Hospital
Financial Application Disclaimer**

To be eligible for financial assistance consideration, please read the following.

Family income is considered to be all income for all persons living in the same household. Size of family is based on all persons living in the same household including students or other's claimed on your income tax return.

The hospital reserves the right to pursue payment from any available third party payer and to reduce the amount considered by any such payments.

The hospital reserves the right to reconsider its determination under any of, but not limited by the following conditions:

- If the applicant, his/her representative, or responsible party should refuse to cooperate with the hospital in furnishing financial information to assist in a fair determination.
- If the applicant his/her representative, or responsible party should refuse to make an application or not cooperate fully in completing application requirements for any amounts receivable from third party payers, including Medicaid or other medical insurance.
- If it is determined that any false or misleading information was given by the patient, his/her representative, or responsible party.

Assets/Savings (Joint)

Type	Location	Amount
Checking		\$
Checking		\$
Savings		\$
Credit Union		\$
CDs or IRAs		\$
Trust Income		\$
Interest Income		\$
Pensions or 401Ks		\$
Saving Bonds		\$
Mutual Funds or Money Market		\$
Mineral Rights		\$
Other		\$

Assets/property

Homestead	Location	
	Fair Marketable Value \$	Mortgage Balance \$
Rental Property	Location	
	Fair Marketable Value \$	Mortgage Balance \$
Livestock	Location	
	Fair Marketable Value \$	Balance Due \$
Farming Equipment or Recreational Vehicles	Location	
	Fair Marketable Value \$	Balance Due \$
Other Property	Location	
	Fair Marketable Value \$	Balance Due \$

I certify that the above information provided is true and correct. Falsification or omission of information will result in denial of application. This information is confidential and may be used by Oklahoma Heart Hospital to determine current ability to pay medical bills. I understand Oklahoma Heart Hospital may verify information submitted concerning my income and family size and routinely requests credit bureau reports to assist in determination of ability to pay medical bills. I agree to pay any amounts for which I might be responsible under this application.

Patient Signature

Date

Spouse Signature

Date

**Oklahoma Heart Hospital
Financial Application Instructions**

***** Place any comments next to items below that pertain to you and submit with application *****

Signature

You and your spouse (if married) must both sign and date the application.

Federal Tax Return

A copy of your latest federal tax return must be included or a copy of your tax extension. With your tax extension, you must include a COMPLETE copy of your previous federal tax return. If the federal government does not require you to file a federal tax return please note on the bottom of your application.

Bank Statements

Include copies of the 3 most current months of bank statements-all pages of all bank accounts both personal and business (checking/savings). If your bank statements, for example, is 5 pages please make sure you send all 5 pages (including blank pages and copies of checks).

Deposits

Detailed explanation of all deposits on all bank statements.

Proof of Income

Provide a copy of your last 3 paystubs. If you are drawing social security or disability, a copy of your benefit letter is required as proof of income.

Letter from family and friends

If you do not have any income a letter from friends and/or family that are helping you with your living expenses will be required.

Assets/Investments

Provide a copy of the most recent statement for any CD's, IRA's, 401K's, money markets, royalty income or any other investments.

Failure to include any of the above may slow down processing of your application or may cause your application to be denied.

Date & Version #	Change Summary
06/14/2016	Updated 501(r)
12/29/2017	Updated Format