



## Summary of Financial Assistance

Sanford has an extensive Financial Assistance program. Sanford Hospitals and Clinics, collectively Sanford, offers Financial Assistance for any emergency and any other medically necessary services provided and billed through our centralized Patient Financial Services. This assistance, ranging from a reduction in the amount of the balance outstanding up to complete forgiveness of the balance outstanding, is provided to patients demonstrating financial need.

Patients are considered eligible under the Sanford Financial Assistance program if they have a total household income at or below 375% of the federal poverty level. Patients will qualify for complete forgiveness of their patient due balance if the household income is at or below 225% of the federal poverty level. For those patients with income ranging between 226% and 375% of the federal poverty level, they will receive a partial reduction of the amount of the balance outstanding. The remaining balance after adjustment will be no greater than the amount generally billed by Sanford for the region in which the services were provided.

**Exceptional Financial Circumstances:** If your total household income exceeds the maximum 375% of the Federal Poverty Level, yet you have supplied additional documentation to support the hardship your medical condition has caused for you and your family, Sanford will provide special consideration for assistance on a case by case basis.

**How to obtain an application, a copy of our Financial Assistance policy or a Summary of our Financial Assistance Policy.** You may obtain an application or a copy of our policy by visiting our website <https://www.sanfordhealth.org/patients-visitors/patient-information/financial-assistance-policy>. An application is also available by going to the [www.SanfordHealth.org](http://www.SanfordHealth.org) website and performing keyword search: Financial Assistance. You may also contact our Patient Financial Services offices at 877-629-2999. These documents are also available at any registration or check-in desk at any Sanford Hospital or clinic. Please contact our Patient Financial Services office at 877-629-2999 for the address of the hospital or clinic location if you need additional assistance completing the financial assistance application. ***Financial Assistance applications are available in English and Spanish.***

**Applying for Financial Assistance and required documentation.** Every effort will be made to identify patients needing assistance as early as possible. To be considered for assistance, Sanford must receive the application completed in its entirety, along with a copy of the last two pay stubs for any wage earner contributing to household income, a copy of the most recent 1040 tax return with all applicable schedules (In the absence of a tax return, acceptable substitute is Social Security award letter and/or Proof of non-filing from the IRS.), and property valuation or tax assessment statement, if applicable.

**Grants for Financial Assistance without application or complete application.** Sanford Health may utilize a third-party vendor to conduct a systemic review of patient information to predict financial need for assistance under the Sanford Financial Assistance Policy. This review utilizes a healthcare industry-recognized model based on public record databases. This model utilizes the public records data to establish a propensity to pay indicator and an estimated income as compared to the National Federal Poverty Level. This predictive model may be used in addition to the Financial Assistance application process, or may be used entirely in place of that same process.

**Notification of availability of our Financial Assistance program.** Every effort will be made to identify patients needing assistance as early as possible. Sanford will widely publicize the program through (1) signs at registration areas in our hospitals and clinics, (2) policy, summary, and application available at the Sanford website, (3) patient billing statements, (4) brochures and other informational materials provided to the patient and family, and (5) healthcare providers and staff identifying patients with potential financial need.

**Services Covered by a Financial Assistance application.** An approved Financial Assistance application will cover charges for emergency and medically necessary care provided at a Sanford facility and billed through our centralized Patient Financial Services. We may consider charges for services provided after our date of approval for up to six months without requiring a new application to be completed.

**Extraordinary collection activities:** Sanford will not engage in extraordinary collection activities, such as lawsuits or garnishments, before making reasonable efforts to determine whether an individual who has an unpaid account is eligible for Financial Assistance.