



Patient Financial Assistance Program Information

As your community healthcare provider, Tanner Health System offers financial assistance programs to help patients meet their medically necessary healthcare financial responsibilities. Tanner provides a Financial Assistance Program to assist eligible uninsured and/or underinsured patients and their families with medical bills beyond their ability to pay.

1. Tanner offers financial assistance programs, which may discount a patient’s hospital bill up to 100 percent. The program discounts vary based upon the patient’s family size and income level.
2. Tanner provides a 60 percent discount of hospital bills when patients have **NO** health insurance, AND the patient is not covered by Medicare or Medicaid.

Tanner Patient Financial Assistance Program-Eligibility requirements:

The Financial Assistance program covers payment for medically necessary care, but does not cover routine co-pays and deductibles for patients having medical insurance coverage unless a hardship can be documented. The program also excludes services deemed not medically necessary, such as cosmetic surgery or fertility services. To apply, you must:

1. **Complete an application.** Qualification for the Patient Financial Assistance Program requires a completed application, which can be obtained by
 - a. Printing the application from the Tanner website at <https://www.tanner.org/patients-and-visitors/billing-and-financial-resources/financial-assistance>
 - b. Visiting one of our three hospital facilities, where the forms are available at all registration areas; or
 - c. Calling 770.812.5795 to have a copy mailed directly to your home. When the application is complete, you may either hand deliver it to one of our three hospital facilities or mail it to the address below.
2. **Meet required income and family size requirements.** Tanner uses a sliding scale based on your family size and income level to determine each patient’s hospital discount. The family income must be less than two times (or 200 percent) the current Federal Poverty Guidelines for each size of family.

Household size	100% of FPG	200% of FPG
1	\$12,760	\$25,520
2	\$17,240	\$34,480
3	\$21,720	\$43,440
4	\$26,200	\$52,400
5	\$30,680	\$61,360
6	\$35,160	\$70,320
7	\$39,640	\$79,280
8	\$44,120	\$88,240
For each additional person, add	\$4,480	\$8,960

3. **Return the completed Financial Assistance Application with your supporting documentation within 45 days of receipt.** We will notify you of our financial assistance decision within fifteen days of receiving the completed application. Assistance may be denied without a completed application.

If you wish to discuss applying for financial assistance with a financial counselor, obtain a copy of our Financial Assistance policy, obtain a copy of the Billing and Collection policy, obtain a copy of the application or request help to complete the application, please contact the Tanner Patient Financial Assistance Department at 770.812.5795 or e-mail patientfinancials@tanner.org during normal business hours, Monday through Friday from 8 a.m. to 4:30 p.m.

Please mail your completed application to:

Tanner Medical Center
 ATTN: Patient Financial Counselor
 705 Dixie Street
 Carrollton GA, 20117