

University Health Systems, Inc.
The University of Tennessee Medical Center
Discounts and Financial Assistance Programs
Plain Language Summary

UT Medical Center provides financial help for both uninsured and underinsured patients. This help is only for medically needed health care services. Patients may qualify based on income, family size, and eligibility for insurance coverage. Patients must use all other sources of payment first. This includes other insurance. Patients may not decline other insurance as a source of payment in order to use UTMC's Discounts & Financial Assistance Program.

Below are some helpful terms.

- **Family Income**: The sum of a family's yearly earnings and cash benefits from all sources before taxes. Payment for child support is not included.
- **Family Size**: The number of personal exemptions allowed under federal tax law on the most recent filed federal income tax return. The Patient or Guarantor is one of the persons a personal exemption is allowed.
- **Medically Needed Services**: Any hospital inpatient or outpatient service. This includes medicines or supplies the hospital provides that are also covered for patients who also have Medicare. There must be the same clinical need as the patient seeking financial help.
- **Uninsured Patient**: A Patient who is not covered under a health insurance policy. This also includes a patient who is a beneficiary under a private health insurance plan, health benefit or other health program, accident liability insurance or other third-party liability insurance.
- **Underinsured Patient**: A Patient who is covered under a health insurance policy or is a beneficiary under a private health insurance plan, health benefit or other health program, accident liability insurance or other third-party liability insurance. Despite having coverage there are still coverage limits, deductibles, co-payments and/or coinsurance that may result in out-of-pocket costs that are higher than what the Patient can pay. This is determined by UTMC.

Discount Programs and Requirements

The below discounts **do not need** a Financial Assistance Application.

- A. **Uninsured Discount**
 - a. This discount is applied based on the Amounts Generally Billed to Uninsured Patients for most hospital services.
- B. **Presumptive Eligibility**
 - a. UTMC will offer financial help without further review to uninsured patients who:
 - i. Are homeless,
 - ii. Have mental incapacitation with no one to act on their behalf,
 - iii. Are able to receive Medicaid but did not have Medicaid on the date of service,
 - iv. Had a service that was not covered by Medicaid,
 - v. Are incarcerated with no income, or
 - vi. Are deceased with no estate.
- C. See the Patient Billing and Collections policy for more options.

Financial Assistance Program and Requirements

Financial Assistance Programs **require** a finished Financial Assistance Application. All patients have 240 days from the date of the first post discharge billing statement to apply.

A. Financial Assistance Program

- a. Patients may qualify for UTMC's Financial Assistance Program based on Family Size and Family Income. This is in line with the Federal Poverty Income Guidelines (FPIG). See the chart below.
- b. To be eligible for a 100% discount, a patient's Family Size must be between the FPIG range shown on the chart. This range means that your Family Income per your Family Size is not higher than 200% of the FPIG. This discount covers Hospital Gross Charges for all emergency medical care or other medically needed services only.
- c. An 80% discount is available for patients whose Family Size and Income is higher than 200%, but lower than 300%, based on the FPIG. The income ranges for each Family Size are on the chart below. This discount covers Hospital Gross Charges for all emergency medical care or other medically needed services only.

2024 Federal Poverty Income Guidelines						
	100% Discount			80% Discount		
Family Size	0%	-	200%	201%	-	300%
1	\$0	-	\$34,620	\$34,621	-	\$51,930
2	\$0	-	\$47,000	\$47,001	-	\$70,500
3	\$0	-	\$59,380	\$59,381	-	\$89,070
4	\$0	-	\$71,760	\$71,761	-	\$107,640
5	\$0	-	\$84,140	\$84,141	-	\$126,210
Add Person	\$12,380			\$18,570		

B. See the Patient Billing and Collections policy for more options.

How can you apply?

The Financial Assistance Policy, Plain Language Summary, and Application are available in both English and Spanish translations. You can find them:

- Online at www.utmedicalcenter.org
- At any UTMC service desk. This includes Hospital Admission and Patient Registration.
- By calling a Patient Accounts Customer Service at 865-251-4400
- Through a written request. Please mail to:
 - UT Medical Center Financial Assistance Program PO Box 32749 Knoxville, TN 37930

Finished Financial Assistance Applications can be mailed to:

- Mail: UT Medical Center Financial Assistance Program PO Box 32749 Knoxville, TN 37930

Need help to apply?

- Please contact a Patient Financial Counselor at 865-251-4400.