



A partnership with Tallahassee Memorial HealthCare

Financial Assistance Policy – Plain Language Summary

Financial Assistance Offered

Doctors' Memorial Hospital, Inc. offers financial assistance for emergency or other medically necessary services to patients whose family income does not exceed 200% of the Federal Poverty Guidelines. Patients that have been approved at this level of financial assistance will not be subject to any billing or collection efforts other than a \$15.00 co-pay for visits to a DMH owned Rural Health Clinic.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on several factors including nature of care needed, other sources of possible payment (personal injury claims and other possible sources of payment by applying for other assistance programs), income based on Federal Poverty Level and family size.

Financial Assistance is offered to uninsured who do not qualify for FA at 60% of charges. Patients must fully comply with the application process including submission of all required documents.

How to Apply for Assistance

Patients and or Guardians should sign and complete an application and return the application with all required documents to Doctors' Memorial Hospital, Inc. for processing. Fully completed documents should be submitted to:

Doctors' Memorial Hospital, Inc.
333 N Byron Butler Parkway
Perry, FL 32347

Patients and or Guardians can also call 850-584-0862 for assistance.

Where to Obtain Copies

DMH Financial Assistance Policies are free of charge by calling our Financial Assistance office at 850-584-0862 and requesting a copy by mail. The policy and application are also available on line at www.doctorsmemorial.com. Copies of the policy are also available in our admissions office and Emergency Department.

Doctors Memorial Hospital Inc.
333 N Byron Butler Parkway
Perry, FL 32347

Contact Information and Assistance

Additional information about our financial assistance policy and assistance with the application process can be obtained by calling 850-584-0862 or, 850-584-0154. The plain language summary, FAP and application are available in any required foreign language.

No More than Amounts Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance coverage under Medicare calculated using the Prospective Method.

