

Plain Language Summary of Financial Assistance Policy

Mosaic Life Care is committed to improving the health of individuals and communities located in our region. We seek to provide quality care to individuals, regardless of their ability to pay and have established a financial assistance program to help qualifying residents of our service area, with limited financial resources, in paying for their medical care.

ELIGIBILITY

A patient or guarantor (a person, other than the patient, who is responsible to pay the patient's bill) is eligible for financial assistance, help or aid based on where he or she lives, gross household income, (the amount before taxes and other amounts that are taken from pay) and the number of dependents living in the household (dependents that are claimed on your income tax return filed).

Residency: To be approved for financial assistance, you must be a resident of an eligible zip code or a student attending school in one of the eligible zip codes.

Please see Attachment B in the full Financial Assistance Policy for a list of eligible zip codes. Gross household income: Mosaic Life Care patients or guarantors with a gross household income of up to 300 percent of the Federal Poverty Guidelines.

ASSISTANCE

Full or Partial Financial Assistance is given to patients or guarantors who have a household income of up to 300 percent of Federal Poverty Guidelines.

Depending on the patient's or guarantor's insurance coverage, a payment of up to \$40 will be due for a Mosaic Life Care clinic visit and \$75 for an Emergency Room visit; which may not be included in financial assistance.

Limitations on fees and charges: Those eligible for assistance will be granted a discount on Mosaic Life Care bills for care that is medically necessary or an emergency, and the fees they must pay will not exceed the amount generally billed by Medicare and privately insured patients. How to obtain information and apply for assistance: To get a copy of the full Financial Assistance Policy and a financial assistance application at no charge, visit myMosaicLifeCare.org/myFinancialOptions or call 844.261.7266 to request the information be mailed to you.

You may also visit Enterprise Financial Counseling at 5325 Faraon, Entrance 4, St. Joseph, MO 64506, 2016 South Main, Maryville, MO 64468, or 705 North College St, Albany, MO 64402. The office is open Monday – Friday 8 a.m.– 4:30 p.m.

If you need help filling out the financial assistance application, call 844.261.7266 to make an appointment.

Definition of household:

Adults; In calculating the Household Size, include the patient, the patient's spouse, and any dependents. (As defined by the Internal Revenue Service's Internal Revenue Code.)

Minors; In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother and dependents of the patient's father. (As defined by the Internal Revenue Service's Internal Revenue Code.)

Definition of income: Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and patient's spouse.

Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) living in the home.

If the patient is eligible for Financial Assistance under the financial assistance application process, discounts will be applied based on the patient's household Federal Poverty Guidelines as follows;

Percent of Federal Poverty Guidelines	0% - 200%	201% - 300%
% of balance that is billed to patient after insurance copay amount	0%	45%
Clinic Copay amount that may be due for uninsured only	\$10	\$20 - \$40
Emergency Room Copay due for uninsured only	\$75	\$75

AVAILABILITY OF TRANSLATIONS

This plain language summary, the Mosaic Life Care Financial Assistance Policy and an application form are available in Spanish and other languages spoken by more than 5 percent of the residents in our primary service area.

Spanish (Español)

Laotian (ພາສາລາວ)

ATENCIÓN: si habla español, tiene a su

ໂປດຊາບ : ຖ້າວ່າທ່ານ ເວົ້າ ພາ ສາລາວ , ການບໍ ລິ ການ ຊ່ວຍ

disposición servicios gratuitos de asistencia ເຫຼືອດ້ານ ພາ ສາ , ໂດຍບໍ່ເສັຍ ຄ່າ , ແມ່ນມີພ້ອມໃຫ້ ທ່ານ . ໂທ ຮ ລິ ນ ດ ັ ງ ລ ອ ັ ດ ັ ງ .

Llame al 1-816-271-1215. 1-816-271-1215. Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-816-271-1215.

Vietnamese (Tiếng Việt)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-816-271-1215.

Chinese (繁體中文)

Cushite (Oroomiffa)

注意 : 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-816-271-1215. tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni Serbo-Croatian (Srpsko-hrvatski) argama. Bilbilaa 1-816-271-1215. OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, Pennsylvania Dutch (Deutsch) usluge jezičke pomoći dostupne su vam Wann du [Deutsch (Pennsylvania German / besplatno. Nazovite 1-816-271-1215. Dutch)] schwetzsch, kannscht du mitaus Koschte

German (Deutsch)

ebber gricke, ass dihr helft mit die englisch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen

Schprooch. Ruf selli Nummer uff: Call

Ihnen kostenlos sprachliche Hilfsdienstleistungen 1-816-271-1215. zur Verfügung.

Rufnummer: 1-816-271-1215. Japanese (日本語)

Korean (한국어) 注意事項 : 日本語を話される場合、無料の言語支援をご 注意: 한국어를 사용하시는 경우, 언어 지원 서비스를 이용하실 수 있습니다. 1-816-271-1215 まで、お電話にてご 무료로 이용하실 수 있습니다. 1-816-271-

1215 번으로 連絡ください。 전화해 주십시오。

Trukese (Foosun Chuuk)

French (Français)

MEI AUCHEA: Ika iei foosun fonuomw: Foosun

ATTENTION : Si vous parlez français, des Chuuk, iwe en mei tongeni omw kopwe angei services d'aide linguistique vous sont aninisin chiakku, ese kamo. Kori 1-816-271-1215. gratuitement. Appelez le 1-816-271-1215.

proposés

Russian (Русский)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-816-271-1215. Arabic (العربية) 5121-172-618 1

ဟ်သုဉ်ဟ်သး- နမုာ်ကတိာ် ကညိ ကျိာ်အယိ. နမုာ်န့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၢ် နိတမံၤဘၣ်သ့န့ၢ်လီၤ. ကိး

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Karen (unD)

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်

1-816-271-1215

စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။

Burmese

1-816-271-1215