

## Language Translation

We are committed to making information about the Covenant Health Financial Assistance Program available in the communities we serve in a manner that is easy to understand. In addition to English, this brochure, the Financial Assistance Policy and the Covenant Health Financial Assistance Application form are available in other languages, including Spanish. We also provide assistance with completing the application form in other languages. Please let the financial counselor know if you need translation assistance.

## Confidentiality

We understand that the need for patient financial assistance can be a sensitive and deeply personal issue for patients and their families. We are committed to maintaining the confidentiality of requests for assistance, the information obtained in the application process and the funding or denial of assistance for all who participate in our program.

## Our Mission

At Covenant Health part of our mission is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients.

## What is the Covenant Health Financial Assistance Program?

The Covenant Health Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover.

In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment. Our hospitals limit any payments by individuals who qualify for financial assistance to no more than the amounts generally billed (AGB) to individuals who have Medicare.

Covenant Health defines this limit as the amount calculated by using the billing process that the hospital would use if the patient were a Medicare fee-for-service beneficiary. AGB equals the amount reimbursed by Medicare plus the amount the patient would be responsible for paying if he or she were a Medicare beneficiary in the form of co-payments, co-insurance and deductibles.

The qualification for or against financial assistance will not affect the patient's right to access urgent or emergency care.

Additional information on the Covenant Health Financial Assistance Program may be found on our website: [covenanthealth.org](http://covenanthealth.org).

**Covenant Medical Center**  
3615 19th St.,  
Lubbock, TX 79410  
[covenanthealth.org](http://covenanthealth.org)

**Covenant Hospital Levelland**  
1900 College Ave.,  
Levelland, TX 79336  
[covenanthealth.org](http://covenanthealth.org)

**Covenant Hospital Plainview**  
2601 Dimmit Rd.,  
Plainview, TX 79072  
[covenanthealth.org](http://covenanthealth.org)

**Covenant Children's Hospital**  
4015 22nd Pl.,  
Lubbock, TX 79410  
[covenantchildrens.org](http://covenantchildrens.org)

**Covenant Specialty Hospital**  
3815 20th St.  
Lubbock, TX 79410  
[covenanthealth.org](http://covenanthealth.org)

# Financial Assistance Program





# What Assistance is Available?

## Free or Discounted Care

For those who qualify, free or discounted care is available. The amount discounted is determined by your family income as compared to the Federal Poverty Level (FPL). Your financial liability will not exceed the AGB.\*

If ...	Then ...
Your family income is 175% or less of the FPL	You would pay nothing.
Your family income is between 175% and 300% of the FPL	You would pay an amount no greater than the AGB amount.
You have a Catastrophic medical event resulting in financial liability exceeding \$75,000.00,	You may receive a full or partial discount, not exceeding the AGB amount, based on several factors including: <ul style="list-style-type: none"> <li>• Financial liability</li> <li>• Billed charges</li> <li>• Income</li> <li>• Assets</li> </ul>

\* Details on how the AGB is calculated may be found in the *Covenant Health Financial Assistance Policy* available on the hospital's website.

## Who Is Eligible?

If you are a patient or the person responsible for a patient's hospital bill, you may be eligible for our Financial Assistance Program if you meet the following guidelines:

### If you do not have health insurance:

- You do not qualify for government-sponsored health insurance programs such as Medicare, Medicaid (TX), Texas Health Insurance Marketplace or other state or county funded health coverage programs.
- Your family income is less than 300% of the Federal Poverty Level.

### If you have health insurance, (including Medicare):

- You are unable to pay your portion of the bill that your insurance does not cover.
- Your family income is less than 300% of the Federal Poverty Level.

## How to Apply

We know that hospital visits can be stressful for our patients and their families, so we make applying for the Financial Assistance Program as easy and convenient as possible. You may apply before, during, or after your visit.

### OBTAIN A FINANCIAL ASSISTANCE APPLICATION:

**By Mail:** Call a financial counselor at **(806) 725-5773** to request an application be mailed to you.

**In-Person:** Obtain from an admitting department representative at the hospital.

(See hospital location(s) listed in this brochure.)

**Online:** Download and print an application from our website: [covenanthealth.org/patients-and-visitors/for-patients/billing-and-payments/patient-financial-assistance](https://covenanthealth.org/patients-and-visitors/for-patients/billing-and-payments/patient-financial-assistance).

### COMPLETE THE APPLICATION:

If you have questions or require assistance in completing the application, please visit the hospital admitting department or call **(806) 725-5773** and ask to speak with one of our financial counselors.

### SUBMIT THE APPLICATION WITH ALL REQUESTED DOCUMENTS:

**By Mail:** Mail it to the address listed on the application.

**In-Person:** Give it to a representative in the hospital admitting department.

