



HFH 患者财务援助政策 HFH Patient Financial Assistance Policy

政策 Policy

HFH 患者财务援助政策（以下简称“政策”）旨在阐明需要财务援助且在 Henry Ford Health (“HFH”) 接受紧急医疗服务和其他必要医疗服务的患者的财务援助资格，适用于附录 A 中列出的每家 HFH 机构及其附属医院（以下简称“HFH 机构”）。所有财务援助都将体现 HFH 以重视尊严、充满尊重和同情的方式对待每位患者这一承诺。

This HFH Patient Financial Assistance Policy (“policy”) is designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive emergency and other medically necessary care from Henry Ford Health (“HFH”), and applies to each of the HFH Facilities listed in Appendix A and their affiliated clinics (“HFH Facilities”). All financial assistance will reflect HFH’s commitment to treating every patient with dignity, respect and compassion.

在 HFH 的网站 (henryford.com) 中，我们将对在 HFH 机构中提供紧急医疗服务或其他必要医疗服务且已涵盖或未涵盖于本政策范围中的 HFH 服务提供者名单分别进行维护。患者可通过访问 HFH 网站或拨打附录 A 中列出的任何一家 HFH 机构电话，免费在线获取或索取纸质版的 HFH 服务提供者名单。

The list of HFH Service Providers delivering emergency or other medically necessary care in HFH Facilities, which are covered by this policy and which are not, are maintained separately on HFH’s website (henryford.com). The HFH Service Provider list may be obtained free of charge, both online and on paper, from the HFH website or by calling one of the HFH Facilities listed in Appendix A.

定义：

Definitions:

- **一般性费用 (Amounts Generally Billed, AGB):** 是指因向参保者提供紧急医疗服务或其他必要医疗服务而收取的一般性费用。

Amounts Generally Billed (AGB): means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.

- **急诊:** 是指对表现出严重急性症状（包括剧烈疼痛）的疾病进行的治疗，如不立即就医，预计很可能导致以下情况：

Emergency Care: means the treatment of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- 使个人的健康（对于孕妇来说，是指其自己或胎儿的健康）受到严重威胁，
Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- 身体功能严重受损，或
Serious impairment to bodily functions, or
- 任何身体器官或部位遭受严重功能障碍，或
Serious dysfunction of any bodily organ or part, or
- 对于有宫缩的孕妇 – (a) 在分娩前没有足够时间安全转至其他医院，或 (b) 转院可能对孕妇或胎儿的健康或安全构成威胁。

With respect to a pregnant woman having contractions – (a) that there is inadequate time to effect a safe transfer or another hospital before delivery or (b) that transfer may pose a threat to the health or safety of the woman or unborn child.

- **担保人：**是指除患者以外负责支付患者医疗费的人。
Guarantor: means the person responsible for the patient's bill other than the patient.
- **家庭收入：**包括税前收入、失业补偿、工伤赔偿、社会保障、补充保障收入、公共援助、退伍军人补贴、遗属津贴、养老金或退休收入、利息、股息、租金、特许权使用费、遗产收入、信托、教育援助、赡养费、子女抚养费、家庭外援助以及其他杂项收入来源，不包括食品救济券、住房补贴或资本收益（或损失）等非现金收益。如果患者与家人生活在一起，则必须包括所有家庭成员的收入，除非家庭成员需要支付租金和/或不是户主的家属。其中不包括室友等非亲属关系者。亲属关系将视具体情况而定。
Household Income: includes before tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, incomes from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. DOES NOT include non-cash benefits such as food stamps and housing subsidies or capital gains or losses. If a person lives with a family, the income of all household family members must be included (including domestic partners) unless family members are paying rent and/or are not dependents of homeowners. Non-relatives, such as housemates, are not to be included. Dependency status shall be determined on a case by case basis.
- **Henry Ford 财务援助委员会 (Henry Ford Financial Assistance Committee)：**由营收周期管理副总裁任命的三名领导成员组成。
Henry Ford Financial Assistance Committee: Is composed of three members of leadership appointed by the Vice President of Revenue Cycle.
- **HFH 服务提供者：**是指具备在 HFH 机构提供服务所需的临床权限的医疗保健从业人员
HFH Service Provider: a health care practitioner with clinical privileges necessary to perform services at an HFH Facility
- **必要医疗服务：**是指诊断和治疗您病症所需的适当和必要条件，旨在诊断、直接护理和治疗您的病症，并满足当地良好医疗实践标准的要求，但并不是主要为了给您或您的医疗服务提供者提供方便
Medically Necessary Services: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and are not mainly for the convenience of you or your health care provider

财务援助资格标准：

Eligibility Criteria for Financial Assistance:

根据本政策，患者每次就诊是否能获得 HFH 财务援助的资格将根据以下三种方法之一确定，但须满足以下所述的资产测试要求（如适用）。不符合本政策中资格标准的患者也可能有资格获取 HFH 提供的其他财务援助计划（包括各种社区计划）的财务援助。欲了解有关这些计划的详细信息，请访问 henryford.com。

Qualification for HFH financial assistance under this policy will be determined for each encounter under one of the following three methods subject to meeting the asset test, as applicable, as described below. Patients who do not meet the eligibility criteria under this policy may be eligible for financial assistance under other financial assistance programs offered by HFH, including various community-based programs. For more information about these programs, go to henryford.com.

本政策下的财务援助旨在作为最后付款手段使用。在考虑使用财务援助折扣前，HFH 可能会要求患者申请 Medicaid 或其他政府援助计划。

Financial assistance under this policy is intended to be utilized as the payor of last resort. Prior to considering a financial assistance discount, HFH may require a patient to apply for Medicaid or other government assistance programs.

如果发现申请过程中提供的信息不准确或不完整，HFH 有权撤销任何对财务援助的批准。如果出现这种情况，患者和/或担保人将收到相关通知并有责任支付相关费用。

HFH reserves the right to reverse any financial assistance approvals should it be discovered that information provided during the application process was inaccurate or incomplete. Should this circumstance arise, the patient and/or Guarantor will be notified and will be responsible for payment.

评定方法 (1) - 传统:

Eligibility Method (1) - Traditional:

- 拥有美国的永久居住权
Permanent residence in the United States of America
- 个人住所位于 HFH 的主要服务区域内，包括 Wayne、Macomb、Oakland 和 Jackson 县。对于希望在上述县以外的 HFH 机构中接受治疗的患者，如果其永久居住地在 HFH 机构五英里半径范围内，则可能有资格获得财务援助。
Having personal residence within HFH' primary service areas, consisting of Wayne, Macomb, Oakland and Jackson Counties. For patients seeking treatment at a HFH Facility located outside of the counties listed above, a patient may be eligible for financial assistance if their permanent residence is within a five-mile radius of the HFH Facility.
- 在 HFH 机构向 HFH 服务提供者寻求治疗
Seeking treatment with a HFH Service Provider at a HFH Facility
- 年度家庭总收入等于或低于联邦贫困线(Federal Poverty Level, "FPL")的 400%。如果患者的年度家庭总收入等于或低于联邦贫困线的 250%，则可能有资格享受 100% 的优惠。如果患者的年收入为联邦贫困线的 251% 至 400%，则可能有资格获享部分折扣。请参阅下面的浮动价格表，了解参保和未参保患者可享的浮动价格折扣。
Annual aggregate Household Income up to 400% of the Federal Poverty Level ("FPL"). If a patient has an annual income less than or equal to 250% of the federal poverty level, the patient may be eligible for a 100% discount. If a patient has an annual income from 251% to 400% of the federal poverty level, the patient may qualify for a partial discount. See the Sliding Scale Tables below for the sliding scale discounts for insured and uninsured patients.

评定方法 (2) - 灾难:

Eligibility Method (2) - Catastrophic:

- 在一年多时间里，遭遇重大不幸的患者在 HFH 机构累积了巨额债务，导致自付医疗费用超过家庭年度总收入的 30%
Patients, who over a 12-month period, have accumulated a large medical debt at a HFH Facility as a result of a catastrophic medical situation, resulting in out-of-pocket medical expenses that exceed 30% of their gross annual Household Income
- 拥有美国的永久居住权
Permanent residence in the United States of America
- 个人住所位于 HFH 的主要服务区域内，包括 Wayne、Macomb、Oakland 和 Jackson 县。对于希望在上述县以外的 HFH 机构中接受治疗的患者，如果其永久居住地在 HFH 机构五英里半径范围内，则可能有资格获得财务援助。
Having personal residence within HFH' primary service areas, consisting of Wayne, Macomb, Oakland and Jackson counties. For patients seeking treatment at a HFH Facility located outside of the counties listed above, a patient may be eligible for financial assistance if their permanent residence is within a five-mile radius of the HFH Facility.

- 在 HFH 机构向 HFH 服务提供者寻求治疗。
Seeking treatment with a HFH Service Provider at a HFH Facility.

满足以上财务援助标准的患者可享受以下折扣：

Patients meeting the above qualification for financial assistance will be eligible for the following discount:

- 将患者的未偿还医疗债务调整至家庭总收入的 30%。
Patients will have their outstanding medical debt adjusted to 30% of their Household Income.
- 同时符合方法 1 和方法 2 要求的患者将获得两种折扣中力度较大的折扣。
Patients who qualify under both Method 1 and Method 2 will receive the larger of the two discounts.

评定方法 (3) - 推定：

Eligibility Method (3) - Presumptive:

- HFH 可基于推定条件确定获得财务援助的资格，具体做法是使用第三方评分、社区计划转介，以及基于收入的政府计划批准。
HFH may determine qualification for financial assistance on a presumptive basis; using third-party scoring, referrals from community-based programs, and approvals of government programs based on income.
- 符合财务援助推定资格的患者可能有资格享受紧急医疗服务和其他必要医疗服务的部分折扣或全额折扣。如果患者的年度家庭总收入等于或低于联邦贫困线的 250%，则可能有资格享受 100% 的优惠。如果患者的年收入为联邦贫困线的 251% 至 400%，则可能有资格获得部分折扣。请参阅下面的浮动折扣表，了解参保和未参保患者可享的浮动价格折扣。
Patients meeting presumptive qualification for financial assistance may be eligible for a partial discount, or a full discount of 100% on Emergency and other Medically Necessary Care. If a patient has an annual income less than or equal to 250% of the federal poverty level, the patient may be eligible for a 100% discount. If a patient has an annual income from 251% to 400% of the federal poverty level, the patient may qualify for a partial discount. See the Sliding Discount Tables below for the sliding scale discounts for insured and uninsured patients.

有资格获得财务援助的患者结算费用

Patient Balances Eligible for Financial Assistance

根据本政策，有资格获得财务援助折扣的患者结算费用可能包括但不限于：

Patient balances eligible for a financial assistance discount under this policy may include, but are not limited to:

- 共同保险费用、免赔额和共付额
Coinsurance, deductible and copayment amounts
- 由与 HFH 没有合同关系的医疗保险计划承保的患者的费用，或在 HFH 医疗服务提供者未加入医疗保险计划网络的情况下，向医疗保险计划承保的患者收取的费用
Charges for patients with coverage from a health plan that does not have a contractual relationship with HFH, or when HFH provider does not participate in health plan's network
- 参保患者因福利用完而支付的费用
Charges for insured patients that have exhausted their benefits,
- 向参加商业、Medicare 或 Medicaid 计划的患者提供的保险承保范围外服务的费用
Charges for non-covered services provided to patients covered under Commercial, Medicare, or Medicaid programs

- 参加商业、Medicare 或 Medicaid 计划的患者住院时间超出保险承保范围的费用
Charges for patients that have exceeded the length of stay covered under Commercial, Medicare, or Medicaid programs

本政策中的财务援助是对我们《未参保折扣政策》中规定的未参保折扣的补充。您可致电 (313) 874-7800, 向财务援助团队提出申请。

The Financial Assistance in this policy is in addition to the uninsured discount set forth in our Uninsured Discount Policy which can be requested by calling the Financial Assistance Team at (313) 874-7800.

浮动价格折扣表:

Sliding Scale Discount Tables:

未参保患者:

Uninsured Patients:

对于收入低于 FPL 400% 的合格未参保患者, 患者负责承担的费用将根据下表调整为 Medicare 允许金额的百分比:

For qualifying uninsured patients with incomes less than 400% of FPL, patient responsibility is adjusted to the percentage of the Medicare allowable amount based on the table below:

家庭收入 Household Income	占 Medicare 费率的百分比 % of Medicare Rate
FPL 的 351% - 400% 351% - 400% of the FPL	91% 91%
FPL 的 301% - 350% 301% - 350% of the FPL	61% 61%
FPL 的 251% - 300% 251% - 300% of the FPL	30% 30%
低于 FPL 的 250% <250% of the FPL	0% 0%

收入低于联邦贫困线 250% 的合格未参保患者可获得 100% 的折扣

Qualifying uninsured patients with incomes below 250% are given a 100% discount

参保患者:

Insured Patients:

对于收入低于 FPL 400% 的合格参保患者, 其负责承担的费用将基于下表打折:

For qualifying insured patients with incomes less than 400% of FPL, patient responsibility is discounted based on the table below

家庭收入 Household Income	应付费用折扣 Discount Off of Balance Due
FPL 的 351% - 400% 351% - 400% of the FPL	25% 25%
FPL 的 301% - 350% 301% - 350% of the FPL	50% 50%
FPL 的 251% - 300% 251% - 300% of the FPL	75% 75%
低于 FPL 的 250% <250% of the FPL	100% 100%

资产测试:

Asset Test:

为了确定患者是否有资格获得财务援助，HFH 采用了浮动价格折扣方法，并将患者的家庭收入和合格资产考虑在内。

In order to determine a patient's eligibility for financial assistance, HFH utilizes a sliding scale discount that takes a patient's Household Income and qualifying assets into consideration.

如果患者的家庭合格资产价值 100,000 美元或更高，则无论患者收入如何，都没有资格获取此政策下的财务援助。未列为受保护资产的资产将被视为可用于支付医疗费用。在确定提供给患者的折扣水平时，HFH 可将多余的可用资产计入当年收入。

A patient is not eligible for financial assistance under this policy if the patient's household qualifying assets are valued at \$100,000 or more, regardless of the patient's income. Assets not listed as a protected asset will be considered available for payment of medical expenses. HFH may count the excess available assets as current year income in establishing the level of discount offered to the patient.

受保护资产:

Protected Assets:

- 唯一一个人主要住宅的首个 1,000,000 美元的 100% 资产净值，以及此后主要住宅的 50% 资产净值
100% of the first \$1,000,000 of equity in a single primary personal residence; and 50% of equity in the primary residence thereafter
- 个人退休账户(Individual Retirement Account, IRA)、401k 养老金计划、现金价值退休计划/养老金
IRA, 401k, cash value retirement plans/pensions
- 业务中使用的合理资产
Reasonable assets used in a business
- 私人财产
Personal property
- 大学储蓄计划
College savings plans

不符合财务援助资格的患者:

Patients that do not Qualify for Financial Assistance:

对于未参保且不符合本政策规定的财务援助标准或 HFH 提供的其他财务援助计划标准的患者，将按照未参保的折扣率向其收取服务费。有关详细信息，请参考 <https://www.henryford.com/visitors/billing> 上的未参保折扣政策。

Uninsured patients not meeting financial assistance criteria under this policy or other available financial assistance programs offered by HFH will be charged for the service based on the uninsured discount rate. For more information, refer to the uninsured discount rate policy at <https://www.henryford.com/visitors/billing>.

在遭到提供医疗服务的 HFH 机构拒绝后，患者可在 30 天内给 Henry Ford 财务援助委员会写信，就财务援助申请遭拒提出上诉。若要获得财务援助资格，须经 HFH 营收周期管理部门 (Revenue Cycle Management) 的批准，并听取临床护理团队的意见。

A patient may appeal a denial of his or her financial assistance application by writing to the Henry Ford Financial Assistance Committee within 30 days of the denial at the HFH Facility at which care was received. Qualification for financial assistance is subject to the approval of HFH Revenue Cycle Management with input from the clinical care teams.

特殊情况可例外处理。类似的特例将视具体情况而定。任何例外既不能构成政策的更改，也无法确保该情况会在将来适用。如果患者对财务援助申请有其他疑问，可以致电 **(313) 874-7800** 或发送电邮至 financialassistanceapp@HFHS.org，以与我们取得联系。

Exceptions may be made as warranted for special circumstances. Such exceptions will be considered on a case-by-case basis. Any exception made does not constitute a change in policy nor does it guarantee that this same decision will apply in the future. Patients may contact us at (313) 874-7800 or by e-mail at financialassistanceapp@HFHS.org should they have additional questions on their financial assistance application.

有资格获得财务援助的患者的费用限制

Limitations on Charges for Patients Eligible for Financial Assistance

对于符合财务援助资格的患者，其紧急医疗服务和其他必要医疗服务的费用将不会超出 AGB，也不会超出所有其他医疗服务的总费用。所有 HFH 机构都使用回溯(look-back)方法来计算一个或多个 AGB 百分比。AGB 百分比的计算方法为：用 12 个月内所有 Medicare 服务费用和私人健康保险公司向 HFH 机构支付的索赔费用的总和，除以上述索赔的相关总支出的总和。

Patients that qualify for financial assistance will not be charged more than the AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. Each HFH Facility uses the look-back method for calculating one or more AGB percentages. The AGB Percentage is calculated by dividing the sum of all Medicare fee-for-service and private health insurers that have paid claims to the HFH Facility during a 12-month period, by the sum of the associated gross charges for those claims.

申请财务援助：

Applying for Financial Assistance:

患者和/或担保人可在收到 HFH 的第一份账单后 240 天内随时申请财务援助。HFH 将会及时处理该申请并在收到申请之后的 30 天内确定患者是否符合标准。每位患者将收到书面形式的决定及其原因。

Patients and/or Guarantor may apply for financial assistance at any time up to 240 days after HFH provides the initial billing to the patient and/or Guarantor. HFH will, in turn, process the application and make a determination of qualification within 30 calendar days after the completed application is received. The individual will be notified in writing of the determination and basis for determination.

为了符合获取财务援助的条件，患者/担保人需要填写患者财务援助申请表。该申请表可在 HFH 财务援助网站上获取，网址是：<https://www.henryford.com/visitors/billing/financial-assistance>。患者可将填写完整的申请表和所需文件邮寄或传真至 HFH 公司业务办公室，以接受认定。有关 HFH 机构的地址和传真号码，请参阅附录 A。

In order to qualify for financial assistance, a patient / Guarantor will need to complete the Patient Financial Assistance application. The application is available on the HFH Financial Assistance website: <https://www.henryford.com/visitors/billing/financial-assistance>. The patient can mail or fax a completed application with the required documentation to the HFH Corporate Business Office for an determination. For HFH Facility address and fax numbers, please refer to Appendix A.

如果患者无法通过 HFH 网站下载申请表，请参阅附录 A，以申请将纸质申请表邮寄至住所。如需查看多种语言版本的申请表，请访问以下链接：<https://www.henryford.com/visitors/billing/financial-assistance/documents>。

If a patient is unable to download the application via the HFH website, please refer to Appendix A to request a hardcopy application be mailed to the patient's residence. To review the application in multiple languages please visit the following link: <https://www.henryford.com/visitors/billing/financial-assistance/documents>.

如果患者对自己的申请有疑问和/或在填写申请表时需要帮助，请参阅附录 A，联系提供医疗服务的 HFH 机构。

If a patient has questions regarding his or her application and/or needs assistance completing the application, please see Appendix A to contact the HFH Facility where the patient is receiving care

所需文件可能包括：

Required documentation may include:

- 最近一年的联邦所得税申报表（1040 表格），包括所有适用的附件
Federal Income Tax Return for the most recent tax year (Form 1040), including all applicable schedules
- 最近的工资和税务报表（W-2 表格）和/或杂项收入（1099 表格）
Most recent Wage and Tax Statements (Form W-2) and/or Miscellaneous Income (Form 1099)
- 最近两个月工资单的最新复印件，其中包含每位家庭成员年初至今的收入或雇主证明总工资的声明
Recent copy of the last 2 months of pay stubs with year-to-date earnings for each member of the household or a statement from the employer verifying gross wages
- 其他收入证明（即租赁财产等）
Proof of other income (i.e. rental property, etc.)
- 最近两个月的支票/储蓄账户的银行对账单的最新复印件
Recent copy of the last 2 months of bank statement of checking/savings accounts
- 有效的密歇根州驾照或密歇根州身份证的复印件
Copy of valid Michigan driver's license or Michigan state identification card
- 如适用，应提供 Medicaid、Healthy Michigan 或 Marketplace 的拒绝函和/或《统一综合预算调节法案》(Consolidated Omnibus Budget Reconciliation Act, COBRA) 文件
If applicable, a denial response from Medicaid, Healthy Michigan or Marketplace, and/or COBRA documentation
- 患者对财务需要的个人陈述
Personal statement of financial need from the patient

如果需要进一步核实收入和/或根据所提供的任何证明文件进行澄清，HFH 有权索要其他文件。HFH 不得以申请人未能提供此政策或财务援助申请表未明确要求的文件为由，拒绝向其提供财务援助。

HFH reserves the right to request additional documentation should it need further verification of income and/or clarification based on any supporting documentation provided. HFH may not deny financial assistance based on an applicant's failure to provide documentation that this Policy or the Financial Assistance Application does not explicitly require.

账单和催收政策

Billing and Collections:

HFH 以单独的患者账单和催收政策介绍了可能会对未付款者采取的账单和催收行动。您可致电 (313) 874-7800 与财务援助团队联系，或访问 Henry Ford Health 网站 www.henryford.com，以免费获取相关材料。

The billing and collection actions that HFH may take for nonpayment are described in a separate patient billing and collections policy, which may be obtained free of charge by contacting Financial Assistance Team at (313) 874-7800 or the Henry Ford Health website at www.henryford.com.

附录 A:
Appendix A:

机构 Facility	地址 Address	电话/传真号码/电子邮箱 Phone/Fax #/E-mail
Henry Ford Health Jackson Hospital	Henry Ford Health Jackson Hospital Cashier Office 205 N East Avenue Jackson, MI 49201	电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439
Henry Ford Hospital and Medical Centers	Henry Ford Hospital Financial Counseling Office 2799 West Grand Blvd. K-1, West 100 Clinic Building Detroit, MI 48202	电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439
Henry Ford Macomb Hospitals	Henry Ford Macomb Hospital Cashier Office 15855 19 Mile Rd. Clinton Township, MI 48038	电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439
Henry Ford West Bloomfield Hospital	Henry Ford West Bloomfield Hospital Lower-Level Finance 6777 West Maple West Bloomfield, MI 48322	电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439
Henry Ford Wyandotte Hospital & Henry Ford Medical Center - Brownstown	Henry Ford Wyandotte Hospital Cashier Office 2333 Biddle Ave. Wyandotte, MI 48192	电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439

<p>Henry Ford Kingswood Hospital</p>	<p>Henry Ford Kingswood Hospital ATTN:Front Desk 10300 West 8 Mile Rd. Ferndale, MI 48220</p>	<p>电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439</p>
<p>Henry Ford Maplegrove Center</p>	<p>Henry Ford Maplegrove Center ATTN:Patient Access 6773 W. Maple Road West Bloomfield, MI 48322</p>	<p>电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439</p>
<p>Henry Ford Health Corporate Business Office</p>	<p>Henry Ford Health PO Box 670884 Detroit, MI 48267-0884</p>	<p>电话: (313) 874-7800 Phone: (313) 874-7800 传真: (248) 654-6439 Fax: (248) 654-6439 电子邮箱: financialassistanceapp@HFHS.org E-mail: financialassistanceapp@HFHS.org</p>