



Henry Ford Health (HFH) treats every patient with dignity, respect and compassion. Patients can look to HFH for fair pricing of the medical services it provides and for assistance with finding options to help manage their medical costs.

You may be eligible for help with your medical bill through our Patient Financial Assistance Program.

**How do I qualify for financial assistance?**

You must meet certain requirements to be eligible for financial assistance. These are shown in the table below:

Qualification Criteria	Eligibility Method 1	Eligibility Method 2	Eligibility Method 3
	Traditional	Catastrophic	Presumptive
Permanent Residence in the United States	X	X	X
Reside within HFH primary service areas	X	X	X
Seeking treatment with a HFH Provider at a HFH facility	X	X	X
Income less than 400% of Federal Poverty Level	X		X
HFH medical bills more than 30% of household income		X	

*\*We may evaluate patients for eligibility retrospectively based on criteria not listed above.*

**Eligibility Method 1 or 3 (Traditional or Presumptive):** If you have an annual income less than or equal to 250% of the federal poverty level, you may be eligible for a 100% discount. If you have an annual income from 251% to 400% of the federal poverty level, you may qualify for a partial discount.

**Eligibility Method 2 (Catastrophic):** If you meet criteria for Eligibility Method 2, your qualifying medical debt may be reduced to 30% of your household income.

Patients that qualify 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.

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 Policy which can be found by visiting: <https://www.henryford.com/visitors/billing>.

**How do I apply for financial assistance?**

To apply for financial assistance, you must complete a Patient Financial Assistance Program Application and provide supporting documents. You have up to 240 days after you receive your first bill to apply. After HFH receives your completed application, you will be provided with a decision in writing within 30 days.

To obtain a free copy of our full policy and/or application, you can:

- Obtain and complete an electronic application by signing into MyChart and selecting Financial Assistance drop down underneath the Billing tab.
- Go to our website at [www.henryford.com/financialassistance](http://www.henryford.com/financialassistance) to download a free copy, OR
- Contact our CBO Customer Service Department at (313) 874 – 7800 to a request a copy to be sent via postal mail

**How do I get more information?**

- Contact the Financial Assistance Team at (313) 874-7800, or
- Speak with our registration staff or financial navigators in person at the locations listed below

All applicable financial assistance documents can be viewed at [https://www.henryford.com/visitors/billing/financial\\_assistance/documents](https://www.henryford.com/visitors/billing/financial_assistance/documents) in multiple languages.

Locations and contacts of each department that can provide information about financial assistance and a copy of a free application:

<b>Facility</b>	<b>Address</b>	<b>Phone/Fax #/E-mail</b>
<b>Henry Ford Health Jackson Hospital</b>	Henry Ford Health Jackson Hospital Cashier Office 205 N East Avenue Jackson, MI 49201	Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a>
<b>Henry Ford Hospital and Medical Centers</b>	Henry Ford Hospital Financial Counseling Office 2799 West Grand Blvd. K-1, West 100 Clinic Building Detroit, MI 48202	Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a>
<b>Henry Ford Macomb Hospitals</b>	Henry Ford Macomb Hospital Cashier Office 15855 19 Mile Rd. Clinton Township, MI 48038	Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a>
<b>Henry Ford West Bloomfield Hospital</b>	Henry Ford West Bloomfield Hospital Lower-Level Finance 6777 West Maple West Bloomfield, MI 48322	Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a>

<p><b>Henry Ford Wyandotte Hospital &amp; Henry Ford Medical Center - Brownstown</b></p>	<p>Henry Ford Wyandotte Hospital Cashier Office 2333 Biddle Ave. Wyandotte, MI 48192</p>	<p>Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a></p>
<p><b>Henry Ford Kingswood Hospital</b></p>	<p>Henry Ford Kingswood Hospital ATTN: Front Desk 10300 West 8 Mile Rd. Ferndale, MI 48220</p>	<p>Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a></p>
<p><b>Henry Ford Maplegrove Center</b></p>	<p>Henry Ford Maplegrove Center ATTN: Patient Access 6773 W. Maple Road West Bloomfield, MI 48322</p>	<p>Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a></p>
<p><b>Henry Ford Health System Corporate Business Office</b></p>	<p>Henry Ford Health PO Box 670884 Detroit, MI 48267-0884</p>	<p>Phone: <a href="tel:3138747800">(313) 874-7800</a> Fax: <a href="tel:2486546439">(248) 654-6439</a> E-mail: <a href="mailto:financialassistanceapp@hfhs.org">financialassistanceapp@hfhs.org</a></p>