



HSS-Florida Physicians LLC Financial Assistance Policy Summary

HSS-Florida Physicians LLC has a Financial Assistance Program that assists certain patients with limited or no insurance coverage and who meet certain requirements. The Policy covers only medically necessary services provided by physicians and other employees of HSS-Florida Physicians LLC. The Policy will be applied consistently regardless of race, color, creed, sexual orientation, ethnic origin or immigration status.

ELIGIBILITY

In order to be eligible for Financial Assistance, individuals must meet the Financial Criteria and Coverage Criteria.

In order to meet the Financial Criteria, your gross annual income must not exceed four times the U.S. Department of Health and Human Services Poverty Guidelines. In order to meet the Coverage Criteria, you must be (i) a U.S. resident.

* **HSS Palm Beach Surgery Center, LLC** provides financial assistance under the same terms as HSS-Florida Physicians LLC. Eligibility and coverage determinations, however, are separately made and may differ, resulting in eligibility in one entity but not the other.

HOW TO APPLY

Anyone requesting Financial Assistance must complete an application. The applicant should provide documentation that supports their family's current level of income, available assets, and demographic information. Documents that prove the current level of income can include pay stubs or Social Security or disability statements. If you cannot provide such items, you may still apply. All applications, supporting documentation, and communication will be treated confidentially.

HSS-Florida Physicians LLC uses poverty guidelines issued by the U.S. Department of Health and Human Services to determine a patient's eligibility for financial assistance. The amount of the discount varies based on your income and the size of your family. The income limits based on four times the 2024 Federal Poverty Guidelines (the "FPL") are below.

Family size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	Up to \$60,240	Up to \$5,020	Up to \$1,158
2	Up to \$81,760	Up to \$6,813	Up to \$1,572
3	Up to \$103,280	Up to \$8,607	Up to \$1,986
4	Up to \$124,800	Up to \$10,400	Up to \$2,400
5	Up to \$146,320	Up to \$12,193	Up to \$2,814
6	Up to \$167,840	Up to \$13,987	Up to \$3,228
7	Up to \$189,360	Up to \$15,780	Up to \$3,642
8	Up to \$210,880	Up to \$17,573	Up to \$4,055

The applicant will be notified in writing of the determination within 30 calendar days of receipt of a complete application. You may disregard any bills while your application for a discount is being considered.

You may appeal our initial Financial Assistance determination – the full policy provides a description of our appeals process.

AMOUNT OF ASSISTANCE

If your income is at or below 200% of the FPL and you are uninsured, care will be provided without charge. (If you are insured, your patient responsibility will be reduced to zero.)

For an individual whose income is between 201% and 400% of the FPL, HSS-Florida Physicians LLC shall provide a 50% discount.

The discount will be applied to the patient's obligation, which, for uninsured patients, is based on the amount that Medicare would pay for the service. For insured patients, the discount is applied to the deductible and copayment obligation. In no event will a patient who qualifies for Financial Assistance have out-of-pocket expense for the applicable care that exceeds the amount that the Hospital would generally bill based on Medicare rates.

AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY

A copy of the Financial Assistance Policy and an application is available at www.hss.edu/HSS-Florida-financial-assistance.

You may request a copy of the Financial Assistance Policy and an application by email, phone, fax, or in person from:

HSS-Florida Physicians LLC
Financial Assistance Program
535 East 70th Street
New York, NY 10021
Phone: 212.606.1505
Fax: 212.774.2811

The requested materials will be mailed without charge.

For more information about the Financial Assistance Program, or for assistance with the application process, you may speak with a Financial Assistance Associate who can be reached at the contact address, phone number, or location immediately above. Foreign language translation can be provided if requested. Completed applications should be submitted to the Financial Assistance Program at the above address.

The Financial Assistance Policy, application, and this Summary are also available in various foreign languages. Translators can be provided if requested.

Individuals who feel that the Policy has not been applied in accordance with its terms should seek assistance from the HSS Department of Corporate Compliance and Internal Audit.

Complaints should be directed to the Vice President, Executive Director **HSS Florida** at 561.657.4765 or the confidential Compliance Helpline at 888.651.6234.