Effective: March, 2025
Department: Business Office

Financial Assistance Policy (Full Version)

We offer financial help to our patients who cannot pay all or part of their medical bills. You may apply for help through our Financial Assistance Program. This program may cover charges for many of our services at our clinic and hospital.

Getting help paying your medical bills

The Financial Assistance program may cover charges at Heart of Texas Healthcare System hospital and Brady Medical Clinic.

What is Heart of Texas Healthcare System (HTHS) Financial Assistance?

You may qualify for discounted care based on your household income and assets.

Services covered

The Heart of Texas Healthcare System Financial Assistance program covers charges for most HTHS hospital-based and clinic-based services. It does not cover charges for:

- Care that is not needed, considered experimental or care not approved by an HTHS/BMC doctor
- Care not offered at HTHS/BMC
- Services given at HTHS by independent providers
- Services not billed by HTHS

Income guidelines

If you qualify for the program, 75 percent up to 100 percent of your bill may be paid depending on your gross annual income, family size and asset guidelines. You must comply with all the terms of the program when you apply, and we also ask you to follow the rules set by your insurance plan. Only Coinsurance will be covered. Copay's and Deductibles remain patient responsibility.

Family- is defined for the purposes of this policy:

i) A married couple and any dependents defined by IRS Guidelines
ii) An individual with dependents as defined by IRS Guidelines
iii) An unmarried person with no dependents.

Amount Generally Billed (AGB)

Following a determination of financial aid eligibility, a financial aid-eligible individual will not be charged more than the amount generally billed (AGB) to individuals who have insurance for emergency or medically necessary care.

Number of people in your household (include yourself)	300% of Poverty Guidelines **Yearly Income**	300% of Poverty Guidelines **Monthly Income**	300% of Poverty Guidelines **Weekly Income**
1	$46,950	$3,912.50	$902.88
2	$63,450	$5,287.5	$1,220.19
3	$79,950	$6,662.50	$1537.5
4	$96,450	$8,037.50	$1,854.81
5	$112,950	$9,412.50	$2,172.12
6	$129,450	$10,787.50	$2,489.42
7	$145,950	$12,162.50	$2,806.73
8	$162,450	$13,537.50	$31,24.04
More than 8	Add $16,500 for each additional person	Add $1,375 for each additional person	Add $317.31 for each additional person

How do I apply?
You may pick up an application from Hospital Registration, ED Registration, or Clinic Registration. You can also access the applications online at www.heartoftexashealthcare.org

To determine if the care you are seeking is covered by Heart of Texas Healthcare System's Financial Assistance, please ask us.

- 325-792-3930 – Business office

Complete and sign the Application

- List the names and birth dates for each family member applying for the program.
- If your spouse is also applying for this program, both of you must sign the form.
- Your family includes a spouse, dependent children, and any person whom you have legal guardianship.

Attach these items to the form. We will keep your records confidential (private). Please include records for all adults in your household.

- A copy of your most recent 1040 Federal Income Tax form.
- Records of income are to include copies for 3 months of payroll stubs. (Example: pay stubs that show your year-to-date earnings).
- Copies of all bank statements for all checking and savings accounts for the last 90 days. Include the last statement for any CDs (Certificates of Deposit).
- Records of all payments for child support/alimony, money market accounts, etc.
- Record of current balances in all health savings accounts (HSA).
- Verification of Residence (Example: Utility/Electric Bill Statement)

- If Self-employed: Proof of year to date income and expenses
- If on Social Security or SSI Benefits: End of year letter from Social Security stating amount of benefits

Return the form to the following address, or bring your application in directly to the Business Office.
Heart of Texas Healthcare System
Attn: Business Office
2008 Nine Road
Brady, Tx 76825