

Plain Language Summary of Financial Assistance Policy (FAP)

1. As part of its mission, Aspire Health Partners provides financial assistance for emergency and other medically necessary care to patients who lack the ability to pay for hospital services. The purpose of this policy summary is to establish a plain language guide pertaining to the evaluation and acceptance of applicants for financial assistance.
2. Determination of the ability to pay may take into account a number of financial variables, including but not limited to:
 - A. The earning status and potential of the patient and family
 - B. Other sources of income and assets, available funds
 - C. The family size
 - D. Alternate means of assistance available, such as Medicaid
3. A printed free copy, including Spanish translation, of the FAP, Plain Language Summary, and application can be obtained on our website at <https://www.aspirehealthpartners.org>. Printed copies may also be obtained at 5151 Adanson Street, Orlando FL 32804 or by calling 407-875-3700 and requesting it be mailed.
4. Aspire Health Partners will charge a person for emergency or other medically necessary care who qualifies under the FAP less than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
5. Financial assistance discounts will be available for only emergency or other medically necessary healthcare services provided to persons who meet the financial and documentation criteria defined in the FAP policy. This definition also includes any established client receiving services in a federal government, State of Florida, Central Florida Cares Health System, or other county funded program of Aspire Health Partners, Inc.
6. Patients who are uninsured or underinsured and have a household income at or below 150% of Federal Poverty Guidelines (FPG) may receive free care (a 100% discount.). Individuals with annual household incomes between 151% and 300% FPG will be eligible for a discount for normal charges, based the current sliding fee scale. This schedule is updated annually to the current published Federal Poverty Guidelines. For those that qualify, the discount will be applied to our fee schedule.
7. For information regarding our Financial Assistance Policy, Financial Assistance Application Form, Billing and Collections, or for assistance with the application process, please contact Patient Accounts at 407) 875-3700, extension 6310 or 6302 to speak with a Patient Accounts supervisor. The Patient Accounts office is available Monday – Friday from 8:00am to 4:00pm. (321) 722-5200 x5903.
8. Financial assistance will be considered at any point in the billing cycle, up to 240 days from the 1st billed date, post discharge date or date of service.