



Plain Language Summary of Financial Assistance Policy

Mosaic Life Care is committed to improving the health of individuals and communities located in our region. We seek to provide quality care to individuals, regardless of their ability to pay and have established a financial assistance program to help qualifying residents of our service area, with limited financial resources, in paying for their medical care.

ELIGIBILITY

A patient or guarantor (a person, other than the patient, who is responsible to pay the patient's bill) is eligible for financial assistance, help or aid based on gross household income, (the amount before taxes and other amounts that are taken from pay) and the number of dependents living in the household (dependents that are claimed on your income tax return filed).

Gross household income: Mosaic Life Care patients or guarantors with a gross household income of up to 300 percent of the Federal Poverty Guidelines.

ASSISTANCE

Full or Partial Financial Assistance is given to patients or guarantors who have a household income of up to 300 percent of Federal Poverty Guidelines.

Limitations on fees and charges: Those eligible for assistance will be granted a discount on Mosaic Life Care bills for care that is medically necessary or an emergency, and the fees they must pay will not exceed the amount generally billed by Medicare and privately insured patients. How to obtain information and apply for assistance: To get a copy of the full Financial Assistance Policy and a financial assistance application at no charge, visit myMosaicLifeCare.org/myFinancialOptions or call 816.271.4006 to request the information be mailed to you.

You may also visit Enterprise Financial Counseling at 5325 Faraon, St. Joseph, MO 64506, 2016 South Main, Maryville, MO 64468, or 705 North College St, Albany, MO 64402.

The office is open Monday – Friday 8 a.m.– 4:30 p.m. If you need help filling out the financial assistance application form, call 816.271.4006.

Definition of household:

Adults; In calculating the Household Size, include the patient, the patient's spouse, and any dependents. (As defined by the Internal Revenue Service's Internal Revenue Code.)

Minors; In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother and dependents of the patient's father. (As defined by the Internal Revenue Service's Internal Revenue Code.)

Definition of income:

Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and patient's spouse.

Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, and patient's parent(s) living in the home.

If the patient is eligible for Financial Assistance under the financial assistance application process, discounts will be applied based on the patient's household Federal Poverty Guidelines as follows;

Percent of Federal Poverty Guidelines	0% -200%	201% - 250%	251% - 300%
Financial Assistance Discount	100%	55%	25%

Availability of Language Assistance Services and Auxiliary Aids and Services

Spanish (Español)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-816-271-1215 o hable con su proveedor.

Vietnamese (Việt)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-816-271-1215 hoặc trao đổi với người cung cấp dịch vụ của bạn.

Chinese (中文)

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-816-271-1215 或咨询您的服务提供商。

Arabic (العربي)

تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-816-271-1215 أو تحدث إلى مقدم الخدمة 5121-172.

French (Français)

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliares appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-816-271-1215 ou parlez à votre fournisseur.

Serbian (Srpski)

PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge pomoći oko jezika. Besplatna su i odgovarajuća dodatna pomagala i usluge za pružanje informacija u pristupačnim formatima. Pozovite 1-816-271-1215 ili razgovarajte sa svojim provajderom.

Croatian (Hrvatski)

PAŽNJA: Ako govorite hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite 1-816-271-1215 ili se obratite svom pružatelju usluga.

German (Deutsch)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-816-271-1215 an oder sprechen Sie mit Ihrem Provider.

Swahili (Kiswahili)

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-816-271-1215 au zungumza na mtoa huduma wako.

Amharic (አማርኛ)

ማሳሰቢያ:- አማርኛ የሚናገሩ ስዎን፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራገገ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-816-271-1215 ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Somali (Soomaali)

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-816-271-1215 ama la hadal bixiyahaaga.

Thai (ไทย)

หมายเหตุ: หากคุณใช้ ้อัภาษา ไทย เรามีบริการความข ้อ่วยเหลืออด ้อ้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและ ้อั บริการข ้อ่วยเหลือเพื่อให ้อัข ้อ้อมูลในรูปแบบที่ ้อั ้อั เข ้อั้าถึงได ้อัโดยไมเสียค่าใ ้อัจ่าย โปรดโทรติดต่อ 1-816-271-1215 หรือปรึกษาผุ ้อัโ ้อับริการของคุณ.

Laos (ລາວ)

ເລື່ອງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີ ບໍ່ລິ ການຊ່ວຍດ້ານພາສາແບບບໍ່ ສອຍຄ່າໃຫ້ທ່ານ. ມີ ເຄ ອ່ ອງຊ່ວຍ ແລະ ການບໍ່ ລິ ການແບບບໍ່ ສອຍຄ່າທີ່ ເໝາະສ ມເພ ອ່ ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ ສາມາດເຂ ອ້າເຖິ ງໄດ້. ໂທຫາເບີ1-816-271-1215 ຫ ວ ມັ ັ ບູ ັ ໃຫ້ບໍ່ ລິ ການຂອງທ່ານ.

Korean (한국어)

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-816-271-1215 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tagalog (Tagalog)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-816-271-6080 o makipag-usap sa iyong provider.

Yiddish (יידיש)

נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען א ידס און באדינונגס פאר פראווידיינג אינפֿארמאציע אין צוטריטלעך פארמאטירונגען זענען אויך בנימצא פרי. רון פ 1-816-271-1215 אדער רעדן מיט דיין טרעגער.

Pennsylvania Dutch (Deutsch)

ACHTUNG: Wann du Pennsylvanisch Deutsch schwetzsch, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbär. Passende Hilfsmittel un Diensch, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbär. Ruf 1-816-271-1215 oder schwetz mit dein Anbieter.

Ilocano (Ilocano)

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-816-271-1215 wenno makisarita iti mangipapaay kenka.

Samoa (Samoa)

FA’AALIGA: Afai e te tautala faa-Samoa, e mafai ona e mauaina le fesoasoani mo auaunaga tau gagana e lē totogia. O fesoasoani talafeagai ma auaunaga i le saunia o faamatalaga e maua foi i isi fometi (formats) e lē totogia. Vili le 1-816-271-1215 pe talanoa i lou foma’i (provider).

Hawaiian (‘Ōlelo Hawai‘i)

MEA HO‘OMAOPOPO: Ina walaau Hawaii oe, loa ke kokua ma ka mahele olelo nou. Loa no hoi na ano kokua like ole e hoomaopopo ai ia oe me ka uku ole no. E kelepona i ka helu 1-816-271-1215 a i ole e kuka me kou kauka.

Russian (РУССКИЙ)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-816-271-1215 или обратитесь к своему поставщику услуг.

Telugu (తెలుగు)

పాపం: తెలుగు మాట్లాడే వారికి, ఉచిత సహాయం అందించే ఉచిత సేవలు లభిస్తాయి. అందులో భాగంగా తెలుగు మాట్లాడే వారికి ఉచిత సహాయం అందించే సహాయక సేవలు ముందుగా ఉచితం అందించే ఉచితం. 1-816-271-1215 లో టెలుగు మాట్లాడే వారికి ఉచిత సహాయం ఉంది.