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 816.271.4006to request the information be mailed to you.

You may also visit Enterprise Financial Counseling at 5325 Faraon, Entrance 4, 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, 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%	50%	25%

AVAILABILITY OF TRANSLATIONS

This plain language summary, the Mosaic Life Care Financial Assistance Policy and an application form are available in Spanish and other languages spoken by more than 5 percent of the residents in our primary service area.

Spanish (Español)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-816-271-1215.

Vietnamese (**Tiếng Việt**)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-816-271-1215.

Chinese (繁體中文)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-816-271-1215。

Serbo-Croatian (Srpsko-hrvatski)
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-816-271-1215.

German (Deutsch)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-816-271-1215.

Korean (한국어)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-816-271-1215 번으로 전화해 주십시오.

French (Français)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-816-271-1215.

Russian (**Русский**)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-816-271-1215.

Laotian (ພາສາລາວ)
ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-816-271-1215.

Tagalog (Tagalog)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-816-271-1215.

Cushite (Oroomiffa)
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-816-271-1215.

Pennsylvania Dutch (Deitsch)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-816-271-1215.

Japanese (日本語)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-816-271-1215 まで、お電話にてご連絡ください。

Trukese (Foosun Chuuk)
MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-816-271-1215.

Arabic (قيبرعلا)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 618-172-5121.

Karen (unD)
ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ. နမၤနှ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1-816-271-1215

Burmese (ကြမာစဉ်)
သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။
ဖုန်းနံပါတ် 1-816-271-1215 သို့ ခေါ်ဆိုပါ။