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 where he or she lives, 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).

**Residency:** To be approved for financial assistance, you must be a resident of an eligible zip code or a student attending school in one of the eligible zip codes.

Please see Attachment B in the full Financial Assistance Policy for a list of eligible zip codes. 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.

Depending on the patient’s or guarantor’s insurance coverage, a payment of up to $40 will be due for a Mosaic Life Care clinic visit and $75 for an Emergency Room visit; which may not be included in financial assistance.

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 844.261.7266 to request the information be mailed to you. You may also visit Enterprise Financial Counseling at 5325 Faraon, Entrance 4, St. Joseph, MO 64506 or 2016 South Main, Maryville, MO 64468. The office is open Monday – Friday 8 a.m.– 4:30 p.m.

If you need help filling out the financial assistance application, call 844.261.7266 to make an appointment.

**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:

<table>
<thead>
<tr>
<th>Percent of Federal Poverty Guidelines</th>
<th>0% - 200%</th>
<th>201% - 300%</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of balance that is billed to patient after insurance copay amount</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Clinic Copay amount that may be due for uninsured only</td>
<td>$10</td>
<td>$20 - $40</td>
</tr>
<tr>
<td>Emergency Room Copay due for uninsured only</td>
<td>$75</td>
<td>$75</td>
</tr>
</tbody>
</table>
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 lingúística. 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 (簡體中文)
注意: 如果您使用簡體中文，您可以免費獲得語言援助服務。請致電 1-816-271-1215。

Serbo-Croatian (Srpsko-hrvatski)
USLUGE JEZIČKE POMOĆI DOSTUPNE SU VAM BESPЛАТНО. NAZOVITE 1-816-271-1215.

German (Deutsch)

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.

Arabic (الтурكم)
ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-816-271-1215.

Karen (unD)
1-816-271-1215

Burmese (မြန်မာ)
1-816-271-1215