

Plain Language Summary of Financial Assistance Policy (FAP)

1. As part of its mission, Circles of Care 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.CirclesofCare.org>. Printed copies may also be obtained at 400 E. Sheridan Road, Melbourne FL, 32901 or by calling 321-722-5200 and requesting it be mailed. Spanish language assistance is available at 321-722-5200.
4. Circles of Care 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 Brevard County funded program of Circles of Care, Inc.
6. Patients who are uninsured or underinsured and have a household income at or below 200% of Federal Poverty Guidelines (FPG) may receive free care (a 100% discount.). Individuals with annual household incomes between 201% and 400% FPG will be eligible for up to a 75% discount off of normal charges, based on a sliding fee scale as illustrated by Appendix 3 in the FAP. This schedule shall be updated annually to the current published Federal Poverty Guidelines. For those that qualify, the discount will be applied to our Accounts Generally Billed 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 (321) 722-5200 x5903. Asistencia en idioma español está disponible en 321-722-5200.
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.

Copies of our Financial Assistance Policy, Application Form, and this Summary are available in English and Spanish. Copias de nuestra póliza de Asistencia Financiera, formulario de solicitud, y este resumen están disponibles en Inglés y Español.

Return your completed application to: Circles of Care Patient Financial Services, 400 E. Sheridan Road, Melbourne, FL, 32901