

Premier Birth Center provides provides clients with Financial Assistance based on income and family size. **To receive Financial Assistance discounts, clients must complete a Financial Assistance Application and supporting documentation.** The following information summarizes Premier Birth Center’s policy and how the Financial Assistance process works.

Who is eligible for Financial Assistance?

Low income clients may be eligible for Financial Assistance from Premier. Premier compares client income, as documented in the Financial Assistance Application, to Federal Poverty Guidelines (FPG) to determine eligibility.

1. **Uninsured Low-Income Clients** – Premier provides clients a discount if they have no insurance, and if their income is below five times FPG. The discounts are available provided the client’s deposit has been paid in full by 36 weeks of pregnancy. There are no discounts (other than prompt payment discount of 25%) if income exceeds 500% of FPG. We require uninsured clients to pay a registration fee of \$500 and a deposit of \$4000 no later than 36 weeks of pregnancy. Upon completion of care, we will itemize our fees, apply the discount (if applicable), and bill you for any fees in excess of your deposit.
2. **Insured Low-Income Clients with High Deductible Plans** – Premier also provides a Financial Assistance discount for low-income clients with high deductible insurance plans or who have significant non-covered services (\$1400 individual, \$2800 family) to assist with the cost of co-payments and deductibles that exceed the threshold for a high deductible insurance plan.

Discount Guidelines

Family Size*	100% of FPG (70% Discount)	250% of FPG (65% Discount)	400% of FPG (60% Discount)	500% of FPG (50% Discount)
1	\$12,760	\$31,900	\$51,040	\$63,800
2	\$17,240	\$43,100	\$68,960	\$86,200
3	\$21,720	\$54,300	\$86,880	\$108,600
4	\$26,200	\$65,500	\$104,800	\$131,000
5	\$30,680	\$76,700	\$122,720	\$153,400
6	\$35,160	\$87,900	\$140,640	\$175,800
7	\$39,640	\$99,100	\$158,560	\$198,200
8	\$44,120	\$110,300	\$176,480	\$220,600
9	\$48,600	\$121,500	\$194,400	\$243,000
10	\$53,080*	\$132,700	\$212,320	\$265,400

*Note: Family size includes unborn baby. For families/households with more than 10 persons, add \$4480 for each additional person.

Documentation of Income

Our financial assistance discount considers income to be your adjusted gross income on your most recent federal income tax return. We also can determine your income-based discount by annualizing your income based on pay stubs for your current employment or a letter signed by your employer.

Catastrophic Financial Hardship

If you had a sudden loss of income, unemployment, large unexpected expenses, or other catastrophic financial hardship, and you have made a good-faith effort to honor your financial responsibility to Premier Birth Center for your care, a written request for waiver or discount of patient responsibility will be considered on a case-by-case basis. Those requests can be made by completing the Financial Assistance Application.



Financial Assistance Application

Date _____ Client Name _____

Premier Birth Center provides provides clients with Financial Assistance based on income and family size, and also for people experiencing catastrophic financial hardship. Out-of-pocket fees will not be discounted any lower than \$4500. **Home Birth Fee is not discountable.**

Financial Assistance Based on Income

Household Size _____
(include unborn baby and any dependents on your tax return)

Adjusted Gross Income on most recent tax return \$ _____

OR

Current Monthly Gross Income \$ _____

Income Documentation

Include **one** of the following as proof of income:

- Two Recent Paystubs
- Most Recent Federal Income Tax Return
- Monthly Bank Statements (for 2 months)
- Verification of Income Letter from Employer

Financial Assistance Based on Catastrophic Hardship

My family has experienced either a sudden loss of income, unemployment, large unexpected expenses, or other catastrophic financial hardship. I request a discount or waiver of my patient responsibility. I agree to make a good-faith effort to honor my financial responsibility to Premier Birth Center for my care. The financial hardship affecting my ability to pay my expenses is:

Insurance Status

- I am uninsured
- I have a high deductible insurance plan (\$1400 individual or \$2800 family)

As a condition of consideration of financial assistance, I certify that this information provided in this application is true and correct to the best of my knowledge. I understand that any misrepresentation makes this offer of financial assistance null and void, and that I would then be responsible for the full cost of my care as calculated by Premier Birth Center.

Client _____ Date _____