

## NOTICE OF CHARITY CARE MISSION

*As part of our mission, Methodist Healthcare provides care to patients without financial means to pay for hospital services. Charity care will be provided to all patients who present themselves for care at any Methodist Healthcare facility in San Antonio without regard to race, creed, color, or national origin and who are classified as financially or medically indigent.*



A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on income and family size. The hospital uses poverty income guidelines issued by the US Department of Health and Human Services to determine a person's eligibility for charity care as a financially indigent patient. A medically indigent patient is a person whose medical and hospital bills after payment by third party payers exceeds 10% of the person's annual gross income and the person is unable to pay the remaining bill. Methodist Healthcare may consider other financial assets and liabilities of the patient when determining ability to pay.

Additional information concerning Methodist Healthcare's charity care program and how to apply for charity care can be obtained from any Methodist Healthcare facility admitting or business office.

**METHODIST HEALTHCARE**

*"Serving Humanity to Honor God"*

[www.SAHealth.com](http://www.SAHealth.com)

METHODIST HOSPITAL  
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 METHODIST HEART HOSPITAL\*  
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 METHODIST CHILDREN'S HOSPITAL\*  
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 METROPOLITAN  
 METHODIST HOSPITAL\*  
 •  
 NORTHEAST  
 METHODIST HOSPITAL\*  
 •  
 METHODIST SPECIALTY AND  
 TRANSPLANT HOSPITAL\*

METHODIST AMBULATORY  
 SURGERY HOSPITAL-NORTHWEST  
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 METHODIST AMBULATORY  
 SURGERY CENTER-MEDICAL CENTER  
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 METHODIST AMBULATORY  
 SURGERY CENTER-NORTHEAST  
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 METHODIST AMBULATORY  
 SURGERY CENTER-NORTH CENTRAL

\* A Methodist Hospital facility