Patient Financial Support

At HCA Healthcare, we understand that the healthcare insurance and billing process can be confusing and stressful for patients.

We have developed several programs and resources to provide as much information and assistance as possible in a highly complex and regulated industry, and we do our best to make patients aware of this assistance. These programs and resources include pricing information, financial counseling, a number of generous financial assistance programs for uninsured and under-insured patients and patient-friendly billing practices all of which are designed to provide help and resources when people may need it most. While we believe we have one of the most robust financial assistance offerings in the industry, we can only act when we are aware, and thus encourage our patients to seek assistance as soon as issues or questions arise.

Through the generous charity and discount programs described below, HCA Healthcare provided charity care, discounts and other uncompensated care at a cost of $3.7 billion in 2019.

Pricing Information

HCA Healthcare hospitals have been providing pricing estimates on their websites for individuals without insurance since 2007. This includes a range of expected amounts patients may expect to pay for the 20 most commonly used inpatient and outpatient procedures at our hospitals. Insured patients can get more detailed information about their expected hospital bill by calling the phone number provided for them on our hospitals’ web sites.

Financial Counseling

HCA Healthcare’s financial counselors help uninsured and under-insured patients understand and access programs and discounts—which we believe are among the most generous and comprehensive—for which they may be eligible in order to significantly reduce their financial burden. These resources are available to any patient who needs financial counseling or assistance in applying for Medicaid or other eligible coverage.
Patient Discounts and Protection

Covering both uninsured and under-insured patients, HCA Healthcare applies a sliding scale discount on patient amounts due based on federal poverty guidelines (FPG) and household income. The individual policies include:

- **Charity Care Policy**: provides a 100% write-off of costs related to emergency services for qualifying patients. Generally, patients with annual household incomes of less than 200% of FPG qualify for this program.

- **Expanded Charity Care Policy**: provides financial relief for emergency services to families with annual household incomes between 200% and 400% of FPG. For patients who qualify for this program, we cap their out-of-pocket balances at 4% of their annual income using a sliding scale. For example, a family of four with a household income of $100,000 would have their liability capped at $4,000. (We make both of these charity care policies available to all patients, regardless of their insurance coverage.)

- **Uninsured Discounts Policies**: offer patients with no insurance, or exhausted insurance benefits, a discount for emergency services. The discount averages 88% of the patient’s total bill, which is similar to expected reimbursement for patients with Medicaid coverage.

- **Under-insured Discounts/Patient Liability Protection (PLP)**: the PLP program provides protection for patients with household incomes between 400% and 1,000% of FPG. The discounts under this program help patients who may find themselves with limited coverage, a high deductible, or who may be out of network. Similar to the policies above, these discounts are need-based and calculated on a sliding scale based on the patient’s annual household income.

Billing Process

HCA Healthcare is committed to responsible billing and collections. Our financial counselors work with patients to establish interest-free payment arrangements. Patients who make payments at the time of service for their estimated financial liability receive a discount that ranges from 10% to 20% of the amount owed. Recently, we stopped reporting to credit bureaus on all patient bad debt accounts, and we recalled all existing accounts from the three credit bureau companies. Additionally, we stopped any litigation activity that involved suing patients or filing liens on all patient bad debt accounts.

These policies and resources reflect our desire to mitigate personal financial issues arising from our patients’ medical bills. But we can only act when we are aware, and thus encourage our patients to take responsibility for seeking assistance as soon as issues or questions arise.