

FINANCIAL ASSISTANCE SUMMARY

As part of our mission and commitment to the community, Hawai'i Pacific Health hospitals and clinics provide financial assistance to patients receiving emergency and/or medically necessary care who qualify for assistance pursuant to our Financial Assistance Policy (FAP).

Emergency and/or medically necessary care can be obtained from: Hawai'i Pacific Health Medical Group, Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Benioff Medical Center, Wilcox Medical Center, and Kaua'i Medical Clinic.

ELIGIBILITY REQUIREMENTS:

All Hawai'i residents, including those with insurance, are eligible to apply for financial assistance. Nonresidents who receive emergency care are eligible to apply for financial assistance.

Established guidelines are utilized to determine what amount, if any, will qualify for financial assistance.

DEFINITION:

FINANCIALLY INDIGENT: Patients with family income at or below 200 percent of the Federal Poverty Guidelines (FPG) will receive a 100 percent discount (free care). Patients with family incomes ranging from more than 200 percent up to 400 percent of FPG will receive an 85 percent discount on their current balance.

MEDICALLY INDIGENT: Patients with family incomes higher than 400 percent of FPG who have a balance due that is 15 percent or more of their combined annual family income and liquid assets may be eligible for an 85 percent discount on their current balance.

When a patient's circumstances do not satisfy the requirements under the established discount guidelines, a patient may still be able to obtain financial assistance. In these situations, Hawai'i Pacific Health representatives will review all available information and make a determination on the patient's eligibility for financial assistance.

All of the Hawai'i Pacific Health facilities comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The FAP, PLS, and the FAP application, and this summary document are available in English, Japanese, Ilocano, and certain other languages, upon request.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-808-983-6000 (Kapi'olani), 1-808-486-6000 (Pali Momi), 1-808-522-4000 (Straub Benioff), 1-808-245-1100 (Wilcox), 1-808-245-1500 (Kaua'i Medical Clinic).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-808-983-6000 (Kapi'olani), 1-808-486-6000 (Pali Momi), 1-808-522-4000 (Straub Benioff), 1-808-245-1100 (Wilcox), 1-808-245-1500 (Kaua'i Medical Clinic).

How to apply for financial assistance:

Free copies of the FAP and the FAP application are available through any of these sources:

IN PERSON: The Financial Services Office at each hospital has financial counselors available to help with the application process.

OVER THE PHONE: Call 808-522-4013 on O'ahu, or 866-266-3935 from the neighbor islands Monday-Friday, 8 a.m.-4:30 p.m.

ONLINE: HawaiiPacificHealth.org/FAPProgram

BY EMAIL: Billing@HawaiiPacificHealth.org

Hawai'i Pacific Health's Financial Assistance program applies only to services billed by our hospitals and/or employed physicians. Services that are billed by non-Hawai'i Pacific Health providers are not eligible under our FAP. The FAP includes an appendix with a list of these providers.

CHARGES FOR EMERGENCY OR MEDICALLY NECESSARY CARE: Patients who qualify for financial assistance will not be charged more for emergency or other medically necessary care than amounts generally billed (AGB) to patients who have insurance.