



Patient Name:
Account Number:

SAMPLE NAME
A1908300002

Billed Charges

Other Diagnostic Services	\$629.00
Total	\$629.00

For Your Information

Payment Policy

Payment in full is expected upon receipt of this statement.

Interested in a Monthly Payment Plan?

We partnered with AccessOne to offer patients affordable payment plans. The benefits include:

- 0% or low interest payment plan options
- Everyone is accepted, easy to enroll
- No credit reporting

Sign up online at www.myaccessone.com/jupiter or contact your provider for details.

There will be a fee charged for any returned check.

An Expert for Every Step of Your Journey Toward Wellness

When choosing a physician, experience and training matter.

Jupiter Medical Center is home to more than **575 experienced physicians in 60 medical specialties** who offer expert care and compassion.

Find a physician. Call 561-263-5737 or visit jupitermed.com/physicians.

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

Please go to www.myjupitermed.com to provide us with current insurance or address information or complete the section below and send a copy of your insurance card.

XXXXXXXXXX XX XXXX
12345678911

PATIENT NAME(PRINT)	NEW ADDRESS	CITY	STATE ZIP CODE	NEW PHONE#
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		ID/CASE#	GROUP#	
EFFECTIVE DATE	DOB OF INSURED	HMO/PPO/OTHER	INSURANCE PHONE#	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)			INSURANCE PHONE#	
INSURANCE COMPANY NAME		INSURANCE ADDRESS		
EMPLOYER		EMPLOYER ADDRESS		

JUPITER MEDICAL CENTER

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Availability of Financial Assistance

Jupiter Medical Center (JMC) has established a Financial Assistance Policy (FAP) to ensure a fair and equitable system for determining patient financial need. This is a summary of the policy.

Eligibility Requirements

To determine financial assistance eligibility at JMC, a patient's total annual household income will be compared to the most current Federal Poverty Guidelines (FPG). With certain restrictions, total annual household income less than or equal to 200% of FPG will entitle the patient to a 100% discount. Total annual household income over 200% but not greater than 400% of FPG will entitle the patient to an 80% discount from gross charges. The patient's responsibility will not exceed 25% of his/her total annual household income. Patients eligible for government funding programs generally will not qualify for financial assistance under the policy. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance.

How to Apply for Financial Assistance

Patients may apply for financial assistance by completing a FAP application form and submitting it to the JMC Customer Service Department at the contact information listed below. Financial counselors are available to assist patients in completing the application.

Where to Obtain Information

There are numerous ways to obtain assistance with or information about the FAP application process, or to obtain free copies of the FAP or FAP application form:

- Download the information online at www.jupitermed.com;
- Request the information in writing by mail or by visiting the JMC Customer Service Department at 1701 Military Trail, Suite 160B, Jupiter, FL 33458; or
- Request the information by telephone by calling the JMC Customer Service Department at (561) 263-7440.

Translation Assistance

The FAP, FAP application, and this plain language summary of the FAP are available in English and Spanish.