

Financial Assistance Policy

Sibley Heart Center Cardiology

Sibley Heart Center Cardiology will provide available and necessary healthcare services to all patients regardless of their sex, race, creed, national origin or ability to pay.

Sibley Heart Center Cardiology understands that patients and/or guarantors may not be able to pay for medical expenses due to unforeseen circumstances, a lack of health insurance coverage or self-pay amounts beyond their means.

Sibley can offer the following options should patients and guarantors need financial assistance when paying for services:

- We can provide you with information on Medicaid and other state services, foundations and other charitable organizations that offer financial assistance and;
- Should you not be found eligible for any of the above financial assistance programs, you may submit an application to Sibley for financial assistance.

An application for financial assistance through Sibley Heart Center Cardiology will look at the following information for consideration:

- Household income at or below 340% of the published Federal Poverty Guidelines;
- Medical service provided was deemed medically necessary but was not covered or fully covered by an insurance plan (situations where there is a remaining financial obligation after insurance obligations and the patient or guarantor is unable to pay the remaining financial obligation); and
- Patient was not approved for any federal, state agency, or charitable or private foundation program or was approved and exhausted the financial assistance that was provided

Applications can be obtained from clinic staff or by contacting Sibley at 770-824-9995 or (800) 301-9913, by e-mail at financialcounseling@kidsheart.com, or by writing Sibley Heart Center Cardiology - Attn: Financial Assistance, 2835 Brandywine Road, Suite 400, Atlanta, Georgia 30341.

All supporting documentation must be included in order for your application to be reviewed. The review process may take up to ninety (90) days upon receipt of a completed application with all required supporting documentation.

When the application has been reviewed, a letter of eligibility determination will be sent to the guarantor with the determination regarding financial assistance, the amount of assistance being offered, and information regarding outstanding balances or refunds due to guarantor where applicable.

If the application for financial assistance is declined, the guarantor may appeal the decision in writing to the Director, Finance at the above address within thirty (30) days of receipt of the letter declining the application. The appeal will be reviewed within thirty (30) days of receipt and a decision will be sent to the guarantor in writing. Should a request for an appeal not be received within thirty (30) days of the denial, the application shall be closed and collection activities will resume.

