

Plain Language Summary of Financial Assistance Policy (FAP)



- As part of its mission, Boys Town National Research Hospital (BTRNH) provides financial assistance for emergency and other medically necessary care to patients who lack the ability to pay for hospital services.
- Determination of the ability to pay may take into account a number of financial variables, including but not limited to :
 - The earning status and potential of the patient and family
 - Other sources of income and assets, available funds
 - The family size
 - Alternate means of assistance available, such as Medicaid
- An electronic copy, including Spanish translation, of the FAP and application can be obtained by clicking [English](#) or [Spanish](#). Printed copies may also be obtained at 555 N. 30th St. Omaha, NE 68131 or by calling 531-355-8195 and requesting it be mailed.
- BTRNH will charge a person for emergency or other medically necessary care who qualifies under the FAP less than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
- Financial assistance discounts will be available for only emergency or other medically necessary healthcare services provided to persons who meet the financial and documentation criteria defined in the FAP policy. Patients who are uninsured or underinsured and have a household income at or below 200% of Federal Poverty Guidelines (FPG) (shown in the table below) may receive free care (a 100% discount.) Individuals with annual household incomes between 201% and 400% FPG will be eligible for up to an 80% discount of normal charges, based on a sliding scale from our normal charges as illustrated by the table below.

2025 BOYS TOWN National Research Hospital		200% or Less:		201%-300%		301%-400%	
		Min. Gross Income Level	Max. Gross Income Level	Min. Gross Income Level	Max. Gross Income Level	Min. Gross Income Level	Max. Gross Income Level
Family Size	FPG Base*	100%		80%		60%	
1	\$15,650	\$0	\$31,300	\$31,301	\$46,950	\$46,951	\$62,600
2	\$21,150	\$0	\$42,300	\$42,301	\$63,450	\$63,451	\$84,600
3	\$26,650	\$0	\$53,300	\$53,301	\$79,950	\$79,951	\$106,600
4	\$32,150	\$0	\$64,300	\$64,301	\$96,450	\$96,451	\$128,600
5	\$37,650	\$0	\$75,300	\$75,301	\$112,950	\$112,951	\$150,600
6	\$43,150	\$0	\$86,300	\$86,301	\$129,450	\$129,451	\$172,600
7	\$48,650	\$0	\$97,300	\$97,301	\$145,950	\$145,951	\$194,600
8	\$54,150	\$0	\$108,300	\$108,301	\$162,450	\$162,451	\$216,600

If there are more than eight individuals in the family, \$5,500 should be added to the FPG base per each additional individual.

**Notwithstanding these percentage discounts, any applicant who qualifies for financial assistance under this policy will not be required to pay more than AGB for emergency or medically necessary care provided by BTRNH.

***If available funds/cash on hand is verified, that will be considered, in addition to applying annual income and family size to the FPG grid above.

- For information regarding our Financial Assistance Policy & Financial Assistance Application Form, or for assistance with the application process, please contact a Financial Counselor at 531-355-8195.
- Financial assistance will be considered at any point in the billing cycle, up to 240 days from the 1st billed date, post discharge date or date of service.

Copies of our Financial Assistance Policy, Application Form, and this Summary are available in English & Spanish. Copias de nuestra Financial Assistance Policy [Política de asistencia financiera], formulario de solicitud, y este resumen están disponibles en inglés y español. <https://www.boystownhospital.org/patients/billing>