

Financial Assistance Policy Discounts

A. Hennepin Care – Hennepin County Residents

For patients who are approved for a Hennepin Care discount for emergency and medically necessary care the discount will be more favorable than the Amount Generally Billed and the patient responsibility for care will be in the form of a nominal fee (co-pay). Service provided to patients that do not have a co-pay will be provided free of charge. The payment, if applicable, will be requested at the time of service.

Co-pay Amounts

Outpatient Clinic Visit	*Prescriptions	Emergency Department	**Inpatient Hospital Visit	Urgent Care
\$10.00	\$1.00 generic \$3.00 brand	\$30.00	*\$200.00	\$15.00

Co-pay amounts will be reviewed on an annual basis for any changes and will be set at the time of the AGB discount.

*Prescription discounts are provided under this financial assistance program for prescriptions ordered from an HHS practitioner and filled at an HHS outpatient pharmacy.

**Patients applying for Hennepin Care with Liquid Assets greater than \$6,000 in the case of a family and \$3,000 in the case of an individual will be required to pay for their inpatient medical care. If, after such payment in full or part, the patient’s Liquid Assets fall below the thresholds expressed above, the patient will then become eligible for Hennepin Care. The amount owed for inpatient medical care will be calculated using the Amount Generally Billed (AGB) discount.

B. Sliding Fee Discount – Non-Hennepin County Residents

For patients who are approved for a HHS Sliding Fee Discount for emergency and medically necessary care, the discount will be determined by the Federal Poverty Level (FPL) of the patient.

0% to 100% FPL	*90% discount from charge
101% to 125% FPL	*80% discount from charge
126% to 200% FPL	**65% discount from charge

* Discount amount is more favorable than the Amount Generally Billed discount

**Discount established by the Amount Generally Billed calculation

C. Amount Generally Billed Discount – Insured Patients

For patients with insurance who are approved for AGB Discount for emergency and medically necessary care, the patient responsibility will not exceed the amount established by the Amount Generally Billed calculation of the FAP.

D. Dentistry Services FAP Discounts

Hennepin Care	Sliding Fee Discount
\$50 co-pay per visit	\$50 deposit
HHS Oral Maxillofacial Surgery Services	
Problem focused exam	Initial treatment of dental trauma
X-rays	Sedation when determined to be medically necessary
Emergent extractions	Exams
I&D	X-rays
Biopsy	Medically necessary extractions
	I&D
	Biopsy
HHS Dentistry Services	
Problem focused exam	Exams
X-rays	X-rays
Emergent extractions	Medically necessary extractions
	Sealants
	Initial treatment of dental trauma
	Prophy, fluoride varnish
	Oral hygiene instruction
	Restorations
	Root canals (molars excluded)
	Pulpotomies
	Non-surgical periodontal treatment