



## HFH 患者財務援助政策 HFH Patient Financial Assistance Policy

### 政策 Policy

HFH 患者財務援助政策（以下簡稱「政策」）旨在闡明需要財務援助且在 Henry Ford Health（「HFH」）接受緊急醫療服務和其他必要醫療服務的患者的財務援助資格，適用於附錄 A 中列出的每家 HFH 機構及其附屬醫院（以下簡稱「HFH 機構」）。所有財務援助都將體現 HFH 以重視尊嚴、充滿尊重和同情的方式對待每位患者這一承諾。

**This HFH Patient Financial Assistance Policy (“policy”) is designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive emergency and other medically necessary care from Henry Ford Health (“HFH”), and applies to each of the HFH Facilities listed in Appendix A and their affiliated clinics (“HFH Facilities”). All financial assistance will reflect HFH’s commitment to treating every patient with dignity, respect and compassion.**

在 HFH 的網站 ([henryford.com](http://henryford.com)) 中，我們將對在 HFH 機構中提供緊急醫療服務或其他必要醫療服務且已涵蓋或未涵蓋在本政策範圍中的 HFH 服務提供者名單分別進行維護。患者透過造訪 HFH 網站或撥打附錄 A 中列出的任何一家 HFH 機構電話，免費線上獲取或索取紙質版的 HFH 服務提供者名單。

**The list of HFH Service Providers delivering emergency or other medically necessary care in HFH Facilities, which are covered by this policy and which are not, are maintained separately on HFH’s website ([henryford.com](http://henryford.com)). The HFH Service Provider list may be obtained free of charge, both online and on paper, from the HFH website or by calling one of the HFH Facilities listed in Appendix A.**

### 定義：

#### Definitions:

- **一般收費金額 (Amounts Generally Billed, AGB):** 是指針對已投保緊急醫療服務或其他必要醫療服務的患者所收取的一般收費金額。

**Amounts Generally Billed (AGB): means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.**

- **急診照護：** 是指針對表現出嚴重急性症狀（包括劇烈疼痛）之疾病所施予的治療措施，因此可以合理地預期若沒有立即採取醫療照護，將導致以下情況：

**Emergency Care: means the treatment of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:**

- 使個人的健康（或就孕婦而言，包括其自己或未出生嬰兒的健康）受到嚴重危害，  
**Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,**
- 嚴重損害身體機能，或  
**Serious impairment to bodily functions, or**
- 任何身體器官或部位遭受嚴重功能障礙，或  
**Serious dysfunction of any bodily organ or part, or**
- 對於有宮縮的孕婦，(a) 分娩前沒有足夠的時間安全轉至其他醫院，或者 (b) 轉移可能對孕婦或未出生嬰兒的健康或安全構成威脅。

**With respect to a pregnant woman having contractions – (a) that there is inadequate time to effect a safe transfer or another hospital before delivery or (b) that transfer may pose a threat to the health or safety of the woman or unborn child.**

- **保證人：**是指除患者以外負責患者帳單的付款人。  
**Guarantor: means the person responsible for the patient's bill other than the patient.**
- **家庭收入：**包含稅前所得、失業救濟金、勞工賠償金、社會保險福利金、補充安全收入、公共補助、退伍軍人給付、遺屬撫恤金、年金或退休金收入、利息、股利、租金、版稅、不動產收入、信託、教育補助、贍養費、子女撫養費、家庭以外的補助，以及其他雜項來源，但不包含非現金福利（例如糧食券與住房津貼或資本收益或損失）。如果個人與家人同住，則必須納入所有家庭成員的收入（包括同居伴侶），除非家庭成員支付租金和/或非屋主的眷屬。非親戚（例如室友）不得納入。眷屬身分應依具體情況判定。  
**Household Income: includes before tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, incomes from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. DOES NOT include non-cash benefits such as food stamps and housing subsidies or capital gains or losses. If a person lives with a family, the income of all household family members must be included (including domestic partners) unless family members are paying rent and/or are not dependents of homeowners. Non-relatives, such as housemates, are not to be included. Dependency status shall be determined on a case by case basis.**
- **Henry Ford 財務援助委員會 (Henry Ford Financial Assistance Committee):** 由收入週期副總裁任命的三名領導成員組成。  
**Henry Ford Financial Assistance Committee: Is composed of three members of leadership appointed by the Vice President of Revenue Cycle.**
- **HFH 服務提供者：**是指具備在 HFH 機構提供服務所需的臨床權限的醫療保健從業人員  
**HFH Service Provider: a health care practitioner with clinical privileges necessary to perform services at an HFH Facility**
- **必要醫療服務：**是指診斷和治療疾病所需的適當和必要服務，其目的是提供診斷、直接照護和治療疾病，並符合當地良好醫療實務之標準，並且主要不是為了您本人或醫療保健提供者方便  
**Medically Necessary Services: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and are not mainly for the convenience of you or your health care provider**

#### 財務援助資格條件：

#### Eligibility Criteria for Financial Assistance:

根據本政策，患者每次就診是否能獲得 HFH 財務援助的資格將根據以下三種方法之一確定，但須滿足以下所述的資產測試要求（如適用）。不符合本政策中資格標準的患者也可能有資格獲取 HFH 提供的其他財務援助計畫（包括各種社區計畫）的財務援助。如需關於以上計畫的更多資訊，請造訪 [henryford.com](http://henryford.com)。

**Qualification for HFH financial assistance under this policy will be determined for each encounter under one of the following three methods subject to meeting the asset test, as applicable, as described below. Patients who do not meet the eligibility criteria under this policy may be eligible for financial assistance under other financial assistance programs offered by HFH, including various community-based programs. For more information about these programs, go to [henryford.com](http://henryford.com).**

本政策下的財務援助旨在作為最後一種付款手段。在考慮使用財務援助折扣前，HFH 可能會要求患者申請 Medicaid 或其他政府援助計畫。

**Financial assistance under this policy is intended to be utilized as the payor of last resort. Prior to considering a financial assistance discount, HFH may require a patient to apply for Medicaid or other government assistance programs.**

如果發現申請過程中提供的資訊不準確或不完整，HFH 有權撤銷任何對財務援助的核准。若是如此，患者和/或保證人將收到通知並負責償還費用。

**HFH reserves the right to reverse any financial assistance approvals should it be discovered that information provided during the application process was inaccurate or incomplete. Should this circumstance arise, the patient and/or Guarantor will be notified and will be responsible for payment.**

#### 評定方法 (1) - 傳統:

##### Eligibility Method (1) - Traditional:

- 在美國永久居留  
**Permanent residence in the United States of America**
- 個人住所位於 HFH 的主要服務區域內，包括 Wayne、Macomb、Oakland 和 Jackson 縣。對於希望在上述縣以外的 HFH 機構中接受治療的患者，如果其永久居住地在 HFH 機構五英里半徑範圍內，則可能有資格獲得財務援助。  
**Having personal residence within HFH' primary service areas, consisting of Wayne, Macomb, Oakland and Jackson Counties. For patients seeking treatment at a HFH Facility located outside of the counties listed above, a patient may be eligible for financial assistance if their permanent residence is within a five-mile radius of the HFH Facility.**
- 在 HFH 機構向 HFH 服務提供者尋求治療  
**Seeking treatment with a HFH Service Provider at a HFH Facility**
- 家庭年度總收入等於或低於聯邦貧窮標線(Federal Poverty Level, 「FPL」)的 400%。若患者的家庭年收入低於或等於聯邦貧窮標線的 250%，就符合獲得 100% 折扣的資格。若患者的家庭年收入為聯邦貧窮標線的 251% 至 400%，那麼患者符合享受部分折扣的資格。請參閱以下浮動級距表，瞭解已投保和未投保患者可享的浮動級距折扣。  
**Annual aggregate Household Income up to 400% of the Federal Poverty Level ("FPL"). If a patient has an annual income less than or equal to 250% of the federal poverty level, the patient may be eligible for a 100% discount. If a patient has an annual income from 251% to 400% of the federal poverty level, the patient may qualify for a partial discount. See the Sliding Scale Tables below for the sliding scale discounts for insured and uninsured patients.**

#### 評定方法 (2) - 劇變:

##### Eligibility Method (2) - Catastrophic:

- 在一年多時間裡，遭遇重大不幸的患者在 HFH 機構累積了巨額債務，導致自付醫療費用超過家庭年度總收入的 30%  
**Patients, who over a 12-month period, have accumulated a large medical debt at a HFH Facility as a result of a catastrophic medical situation, resulting in out-of-pocket medical expenses that exceed 30% of their gross annual Household Income**
- 在美國永久居留  
**Permanent residence in the United States of America**

- 個人住所位於 HFH 的主要服務區域內，包括 Wayne、Macomb、Oakland 和 Jackson 縣。對於希望在上述縣以外的 HFH 機構中接受治療的患者，如果其永久居住地在 HFH 機構五英里半徑範圍內，則可能有資格獲得財務援助。

**Having personal residence within HFH' primary service areas, consisting of Wayne, Macomb, Oakland and Jackson counties. For patients seeking treatment at a HFH Facility located outside of the counties listed above, a patient may be eligible for financial assistance if their permanent residence is within a five-mile radius of the HFH Facility.**

- 在 HFH 機構向 HFH 服務提供者尋求治療。  
**Seeking treatment with a HFH Service Provider at a HFH Facility.**

符合上述財務援助資格的患者可享受以下折扣：

**Patients meeting the above qualification for financial assistance will be eligible for the following discount:**

- 將患者的未償還醫療債務調整為其家庭收入的 30%。  
**Patients will have their outstanding medical debt adjusted to 30% of their Household Income.**
- 同時符合方法 1 和方法 2 要求的患者可享有減免較大者的折扣。

**Patients who qualify under both Method 1 and Method 2 will receive the larger of the two discounts.**

平底方法 (3) - 推定：

**Eligibility Method (3) - Presumptive:**

- HFH 可基於推定條件來確定獲得財務援助的資格，具體做法是使用協力廠商評分、社區計畫轉介，以及基於收入的政府計畫核准。

**HFH may determine qualification for financial assistance on a presumptive basis; using third-party scoring, referrals from community-based programs, and approvals of government programs based on income.**

- 符合財務援助推定資格的患者可能有資格享受緊急醫療服務和其他必要醫療服務的部分折扣或全額折扣。若患者的家庭年收入低於或等於聯邦貧窮標線的 250%，就符合獲得 100% 折扣的資格。若患者的家庭年收入為聯邦貧窮標線的 251% 至 400%，那麼患者符合獲得部分折扣的資格。請參閱以下浮動折扣表，瞭解已投保和未投保患者的浮動級距折扣。

**Patients meeting presumptive qualification for financial assistance may be eligible for a partial discount, or a full discount of 100% on Emergency and other Medically Necessary Care. If a patient has an annual income less than or equal to 250% of the federal poverty level, the patient may be eligible for a 100% discount. If a patient has an annual income from 251% to 400% of the federal poverty level, the patient may qualify for a partial discount. See the Sliding Discount Tables below for the sliding scale discounts for insured and uninsured patients.**

**有資格獲得財務援助的患者餘額**

**Patient Balances Eligible for Financial Assistance**

根據本政策有資格獲得財務援助折扣的患者餘額可能包括但不限於：

**Patient balances eligible for a financial assistance discount under this policy may include, but are not limited to:**

- 共同保險費用、免賠額和共付額  
**Coinsurance, deductible and copayment amounts**

- 由與 HFH 沒有合約關係的醫療保險計畫承保的患者的費用，或在 HFH 醫療服務提供者未加入醫療保險計畫網路的情況下，向醫療保險計畫承保的患者收取的費用  
**Charges for patients with coverage from a health plan that does not have a contractual relationship with HFH, or when HFH provider does not participate in health plan's network**
- 向保險金已用盡的已投保患者收取的費用  
**Charges for insured patients that have exhausted their benefits,**
- 向商業、Medicare 或 Medicaid 計畫投保患者提供的非承保服務的費用  
**Charges for non-covered services provided to patients covered under Commercial, Medicare, or Medicaid programs**
- 對超出商業、Medicare 或 Medicaid 計畫所投保住院時間的患者收取的費用  
**Charges for patients that have exceeded the length of stay covered under Commercial, Medicare, or Medicaid programs**

本政策中的財務援助是《無投保折扣政策》中所規定無投保折扣的增補項目，請致電 (313) 874-7800 聯絡財務援助團隊提出申請。

**The Financial Assistance in this policy is in addition to the uninsured discount set forth in our Uninsured Discount Policy which can be requested by calling the Financial Assistance Team at (313) 874-7800.**

浮動級距折扣表：

**Sliding Scale Discount Tables:**

**未投保患者：**

***Uninsured Patients:***

對於收入低於 FPL 400% 的合格未投保患者，其應負擔的費用將根據下表調整為 Medicare 允許金額的百分比：

**For qualifying uninsured patients with incomes less than 400% of FPL, patient responsibility is adjusted to the percentage of the Medicare allowable amount based on the table below:**

家庭收入 Household Income	Medicare 比率的百分比 % of Medicare Rate
FPL 的 351% - 400% <b>351% - 400% of the FPL</b>	91% <b>91%</b>
FPL 的 301% - 350% <b>301% - 350% of the FPL</b>	61% <b>61%</b>
FPL 的 251% - 300% <b>251% - 300% of the FPL</b>	30% <b>30%</b>
低於 FPL 的 250% <b>&lt;250% of the FPL</b>	0% <b>0%</b>

收入低於 FPL 250% 的合格未投保患者可獲得 100% 的折扣

**Qualifying uninsured patients with incomes below 250% are given a 100% discount**

**已投保患者：**

***Insured Patients:***

對於收入低於 FPL 400% 的合格已投保患者，其應負擔的費用將根據下表打折：

**For qualifying insured patients with incomes less than 400% of FPL, patient responsibility is discounted based on the table below**

家庭收入 Household Income	應付費用折扣 Discount Off of Balance Due
FPL 的 351% - 400% <b>351% - 400% of the FPL</b>	25% <b>25%</b>
FPL 的 301% - 350% <b>301% - 350% of the FPL</b>	50% <b>50%</b>
FPL 的 251% - 300% <b>251% - 300% of the FPL</b>	75% <b>75%</b>
低於 FPL 的 250% <b>&lt;250% of the FPL</b>	100% <b>100%</b>

**資產測試：**

**Asset Test:**

為了確定患者是否有資格獲得財務援助，HFH 採用了浮動價格折扣方法，並將患者的家庭收入和合格資產考慮在內。

**In order to determine a patient's eligibility for financial assistance, HFH utilizes a sliding scale discount that takes a patient's Household Income and qualifying assets into consideration.**

如果患者的家庭合格資產價值等於或大於 100,000 美元，則無論患者收入為何，都不符合本政策下的財務援助資格。資產若未列為受保護資產，將視為可以支付醫療費用。在確定提供給患者的折扣水準時，HFH 可將多餘的可用資產計入當年收入。

**A patient is not eligible for financial assistance under this policy if the patient's household qualifying assets are valued at \$100,000 or more, regardless of the patient's income. Assets not listed as a protected asset will be considered available for payment of medical expenses. HFH may count the excess available assets as current year income in establishing the level of discount offered to the patient.**

**受保護資產：**

**Protected Assets:**

- 單一主要個人住宅的首筆 1,000,000 美元權益的 100%；以及其後主要住宅的 50% 權益  
**100% of the first \$1,000,000 of equity in a single primary personal residence; and 50% of equity in the primary residence thereafter**
- 個人退休帳戶 (Individual Retirement Account, IRA)、401k 養老金計畫、現金價值退休計畫/退休金  
**IRA, 401k, cash value retirement plans/pensions**
- 業務中使用的合理資產  
**Reasonable assets used in a business**
- 個人財產  
**Personal property**
- 大學儲蓄計畫  
**College savings plans**

**不符合財務援助資格的患者：**

**Patients that do not Qualify for Financial Assistance:**

對於未參保且不符合本政策規定的財務援助標準或 HFH 提供的其他財務援助計畫標準的患者，將按照未參保的折扣率向其收取服務費。有關詳細資訊，請參考 <https://www.henryford.com/visitors/billing> 上的未參保折扣政策。

**Uninsured patients not meeting financial assistance criteria under this policy or other available financial assistance programs offered by HFH will be charged for the service based on the uninsured discount rate. For more information, refer to the uninsured discount rate policy at <https://www.henryford.com/visitors/billing>.**

在遭到提供醫療服務的 HFH 機構拒絕後，患者可在 30 天內給 Henry Ford 財務援助委員會寫信，就財務援助申請遭拒提出上訴。若要獲取財務援助資格，須經 HFH 營收週期管理部門 (Revenue Cycle Management) 核准，並聽取臨床護理團隊的意見。

**A patient may appeal a denial of his or her financial assistance application by writing to the Henry Ford Financial Assistance Committee within 30 days of the denial at the HFH Facility at which care was received. Qualification for financial assistance is subject to the approval of HFH Revenue Cycle Management with input from the clinical care teams.**

特殊情況則可以擔保形式予以例外處理。這類例外情況將依具體情況認定。例外處理不得構成政策變更，也不保證同一決定適用於日後情況。如果患者對財務援助申請有其他疑問，可以致電 (313) 874-7800 或傳送電子郵件至 [financialassistanceapp@HFHS.org](mailto:financialassistanceapp@HFHS.org)，以與我們取得聯繫。

**Exceptions may be made as warranted for special circumstances. Such exceptions will be considered on a case-by-case basis. Any exception made does not constitute a change in policy nor does it guarantee that this same decision will apply in the future. Patients may contact us at (313) 874-7800 or by e-mail at [financialassistanceapp@HFHS.org](mailto:financialassistanceapp@HFHS.org) should they have additional questions on their financial assistance application.**

#### 有資格獲得財務援助之患者的費用限制

#### Limitations on Charges for Patients Eligible for Financial Assistance

對於符合財務援助資格的患者，其在緊急醫療服務和其他必要醫療服務方面的費用不會超過 AGB，而所有其他醫療照護方面的費用也不會超過總支出。所有 HFH 機構都使用回溯 (look-back) 方法來計算一個或多個 AGB 百分比。AGB 百分比的計算方法為：用 12 個月內所有 Medicare 服務費用和私人健康保險公司向 HFH 機構支付的索賠費用的總和，除以上述索賠的相關總支出的總和。

**Patients that qualify for financial assistance will not be charged more than the AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. Each HFH Facility uses the look-back method for calculating one or more AGB percentages. The AGB Percentage is calculated by dividing the sum of all Medicare fee-for-service and private health insurers that have paid claims to the HFH Facility during a 12-month period, by the sum of the associated gross charges for those claims.**

#### 申請財務援助：

#### Applying for Financial Assistance:

患者和/或保證人可在收到 HFH 的第一份帳單後 240 天內隨時申請財務援助。HFH 將會及時處理該申請並在收到申請之後的 30 天內確定患者是否符合標準。我們將以書面形式通知個人相關決定與作出決定的依據。

**Patients and/or Guarantor may apply for financial assistance at any time up to 240 days after HFH provides the initial billing to the patient and/or Guarantor. HFH will, in turn, process the application and make a determination of qualification within 30 calendar days after the completed application is received. The individual will be notified in writing of the determination and basis for determination.**

若要獲得財務援助的資格，患者/保證人必須填妥患者財務援助申請表。該申請表可在 HFH 財務援助網站上獲取，網址是：<https://www.henryford.com/visitors/billing/financial-assistance>。患者可將填寫完整的申請表和所需文件郵寄或傳真至 HFH 公司業務辦公室，以接受認定。有關 HFH 機構的地址和傳真號碼，請參閱附錄 A。

**In order to qualify for financial assistance, a patient / Guarantor will need to complete the Patient Financial Assistance application. The application is available on the HFH Financial Assistance website: <https://www.henryford.com/visitors/billing/financial-assistance>. The patient can mail or fax a completed application with the required documentation to the HFH Corporate Business Office for an determination. For HFH Facility address and fax numbers, please refer to Appendix A.**

如果患者無法透過 HFH 網站下載申請表，請參閱附錄 A，以申請將紙質申請表郵寄至住所。若要查看多種語言的申請表，請造訪以下連結：<https://www.henryford.com/visitors/billing/financial-assistance/documents>。

**If a patient is unable to download the application via the HFH website, please refer to Appendix A to request a hardcopy application be mailed to the patient's residence. To review the application in multiple languages please visit the following link: <https://www.henryford.com/visitors/billing/financial-assistance/documents>.**

如果患者對自己的申請有疑問和/或在填寫申請表時需要幫助，請參閱附錄 A，聯繫提供醫療服務的 HFH 機構。

**If a patient has questions regarding his or her application and/or needs assistance completing the application, please see Appendix A to contact the HFH Facility where the patient is receiving care**

必要文件可能包含：

**Required documentation may include:**

- 最近納稅年度的聯邦所得稅申報表（1040 表格），包括所有適用的附件  
**Federal Income Tax Return for the most recent tax year (Form 1040), including all applicable schedules**
- 最近的工資和稅籍證明（W-2 表格）和/或雜項收入（1099 表格）  
**Most recent Wage and Tax Statements (Form W-2) and/or Miscellaneous Income (Form 1099)**
- 最近 2 個月薪資單的最新影本，其中包含每位家庭成員年初至今的所得，或雇主核實薪資總額的聲明  
**Recent copy of the last 2 months of pay stubs with year-to-date earnings for each member of the household or a statement from the employer verifying gross wages**
- 其他收入證明（即非自用不動產等）  
**Proof of other income (i.e. rental property, etc.)**
- 最近 2 個月支票/儲蓄帳戶的銀行對帳單最新影本  
**Recent copy of the last 2 months of bank statement of checking/savings accounts**
- 有效的密西根州駕照或密西根州身分證影本  
**Copy of valid Michigan driver's license or Michigan state identification card**
- Medicaid、Healthy Michigan 或 Marketplace 的拒絕函和/或《統一綜合預算調節法案》(Consolidated Omnibus Budget Reconciliation Act, COBRA) 文件（如適用）  
**If applicable, a denial response from Medicaid, Healthy Michigan or Marketplace, and/or COBRA documentation**
- 患者的個人財務需求聲明  
**Personal statement of financial need from the patient**

如果需要進一步核實收入和/或根據所提供的任何證明文件進行澄清，HFH 有權索要其他文件。HFH 不得以申請人未能提供此政策或財務援助申請表未明確要求的文件為由，拒絕向其提供財務援助。

**HFH reserves the right to request additional documentation should it need further verification of income and/or clarification based on any supporting documentation provided. HFH may not deny financial assistance based on an applicant's failure to provide documentation that this Policy or the Financial Assistance Application does not explicitly require.**

帳單與催收：

**Billing and Collections:**

HFH 以單獨的患者帳單和催收政策介紹了可能會對未付款者採取的帳單和催收行動。您可致電 (313) 874-7800 與財務援助團隊聯繫，或訪問 Henry Ford Health 網站 [www.henryford.com](http://www.henryford.com)，以免費獲取相關材料。

**The billing and collection actions that HFH may take for nonpayment are described in a separate patient billing and collections policy, which may be obtained free of charge by contacting Financial Assistance Team at (313) 874-7800 or the Henry Ford Health website at [www.henryford.com](http://www.henryford.com).**



附錄 A:  
Appendix A:

機構 Facility	地址 Address	電話/傳真號碼/電子郵箱 Phone/Fax #/E-mail
<b>Henry Ford Health Jackson Hospital</b>	Henry Ford Health Jackson Hospital Cashier Office 205 N East Avenue Jackson, MI 49201	电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b>
<b>Henry Ford Hospital and Medical Centers</b>	Henry Ford Hospital Financial Counseling Office 2799 West Grand Blvd. K-1, West 100 Clinic Building Detroit, MI 48202	电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b>
<b>Henry Ford Macomb Hospitals</b>	Henry Ford Macomb Hospital Cashier Office 15855 19 Mile Rd. Clinton Township, MI 48038	电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b>
<b>Henry Ford West Bloomfield Hospital</b>	Henry Ford West Bloomfield Hospital Lower-Level Finance 6777 West Maple West Bloomfield, MI 48322	电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b>
<b>Henry Ford Wyandotte Hospital &amp; Henry Ford Medical Center - Brownstown</b>	Henry Ford Wyandotte Hospital Cashier Office 2333 Biddle Ave. Wyandotte, MI 48192	电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b>

<p><b>Henry Ford Kingswood Hospital</b></p>	<p>Henry Ford Kingswood Hospital ATTN:Front Desk 10300 West 8 Mile Rd. Ferndale, MI 48220</p>	<p>电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b></p>
<p><b>Henry Ford Maplegrove Center</b></p>	<p>Henry Ford Maplegrove Center ATTN:Patient Access 6773 W. Maple Road West Bloomfield, MI 48322</p>	<p>电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b></p>
<p><b>Henry Ford Health Corporate Business Office</b></p>	<p>Henry Ford Health PO Box 670884 Detroit, MI 48267-0884</p>	<p>电话: (313) 874-7800 <b>Phone: (313) 874-7800</b> 传真: (248) 654-6439 <b>Fax: (248) 654-6439</b> 电子邮箱: financialassistanceapp@HFHS.org <b>E-mail:</b> <b>financialassistanceapp@HFHS.org</b></p>