

Louisiana hospital assistance

Nine hospitals, six published policies | Comparison checked October 17, 2026

This is a selected public-policy comparison, not an eligibility decision or a measure of actual approvals. Shared policies are grouped. Confirm current rules for your account; all income bands remain subject to other criteria.

Policy group / document date	Income and screening	Application timing / contact
Ochsner Medical Center; Ochsner Medical Center - Baton Rouge Effective January 1, 2025	100% assistance at or below 200% FPL for eligible services; discretionary hardship consideration above that. Third-party screening may establish eligibility for uninsured patients; separate technical and professional review. Previously paid balances require a request, not presumptive review.	Formal approval: 90 days. Presumptive approval: encounter only. Application: 240 days from first post-discharge bill. Application route 504-842-4190
Ochsner LSU Health: Academic Medical Center, St. Mary Medical Center and Monroe Medical Center Approved December 1, 2025	100% assistance at or below 200% FPL for eligible services; discretionary hardship consideration above that. Third-party screening may establish eligibility; previously paid balances are excluded from presumptive review but may be considered on request.	Formal approval: 90 days. Presumptive approval: encounter only. Application: 240 days from first post-discharge bill. Application route 318-626-1168
East Jefferson General Hospital Effective February 5, 2022	Full-care criterion: at or below 250% FPL; discounted-care band above 250% through 400%, subject to assets and other resources. Benefit/life-circumstance routes plus predictive screening. Model review, when used, follows exhaustion of other payment sources and precedes bad-debt assignment.	Application: 240 days from first post-discharge statement. Standard approval: six months; model-based relief is retrospective. Appeal: 30 days from determination letter. Application route 504-962-7000
Touro Infirmary Latest listed revision January 1, 2020	Eligibility section and plain-language summary use 250% FPL for full care; definition on policy p. 4 says 20%. Confirm discrepancy. Discounted band extends through 400%. Benefit/life-circumstance and predictive-model routes; model relief covers retrospective services and does not establish future free care.	Application: 240 days from first post-discharge statement. Standard approval: six months. Appeal: 30 days from determination letter. Application route 504-962-7000

Policy group / document date	Income and screening	Application timing / contact
University Medical Center New Orleans Latest listed revision April 17, 2019	Full-care criterion: at or below 250% FPL; discounted-care band above 250% through 400%, subject to assets and other resources. Includes a qualifying 504HealthNet clinic attestation route. Also provides benefit/life-circumstance and predictive-model routes.	Application: 240 days from first post-discharge statement. Standard approval: six months; model relief is retrospective. Appeal: 30 days from determination letter. Application route 504-962-7000
West Jefferson Medical Center Latest listed revision January 1, 2020	Full-care criterion: at or below 250% FPL; discounted-care band above 250% through 400%, subject to assets and other resources. Benefit/life-circumstance and predictive-model routes; model review follows other payment sources and precedes bad-debt assignment.	Application: 240 days from first post-discharge statement. Standard approval: six months; model relief is retrospective. Appeal: 30 days from determination letter. Application route 504-962-7000

Touro: the operative eligibility section and plain-language summary use 250% FPL; the definition on policy p. 4 says 20%. Ask for written confirmation. The linked guide preserves this discrepancy and gives page references.

Apply account by account

Ask for both presumptive screening and an application review. Confirm whether prior payments, insurance, another payer or a pending injury claim affect the process. Keep written decisions and submission receipts.

Hospital / policy source	Provider-bill scope to check	Useful source locations
Ochsner Medical Center; Ochsner Medical Center - Baton Rouge	Patient share, including eligible deductibles/copays; service, network and provider exclusions apply.	V.A-E; PDF pp. 3-6; scope list p. 1
Ochsner LSU Health: Academic Medical Center, St. Mary Medical Center and Monroe Medical Center	Technical/professional services subject to exclusions and provider list; network restrictions require review.	V.A-E, PDF pp. 2-5; Attachment D p. 7
East Jefferson General Hospital	Uninsured/underinsured patient liability; excluded services and separately billed providers need separate review.	Eligibility pp. 7-9; application p. 10; presumptive/appeal pp. 13-14
Touro Infirmary	Check separate provider lists; the hospital page identifies Crescent City Physicians as covered.	Conflicting definition p. 4 vs eligibility pp. 7-8; screening pp. 12-14; appeal p. 14
University Medical Center New Orleans	Verify covered vs excluded providers using the hospital's separate lists.	Eligibility pp. 8-10; application p. 11; screening pp. 14-15; appeal p. 16
West Jefferson Medical Center	Separately billed physicians and ambulance services may fall outside hospital assistance; check provider lists.	Eligibility pp. 7-9; application pp. 9-10; screening pp. 12-14; appeal p. 14

Application worksheet

Bill / account reference	First post-discharge bill date	Application / missing items	Decision / appeal deadline

Ask which bills, providers and future dates an approval covers, whether collections are on hold, and how to appeal. A payment plan is not the same as financial assistance.

Full methodology, source links and findings | IRS application/collection framework