



## Financial Assistance Policy

Harrison County Hospital has a tradition of serving the poor, the needy, and all who require health care services. In order to promote the health and well-being of the community served, individuals with limited financial resources who are unable to access entitlement programs shall be eligible for free or discounted health care services based on established criteria. Eligibility criteria will be based upon Federal Poverty Guidelines and will be updated annually in conjunction with the published updates by the United States of Health and Human Services. All open self-pay balances may be considered for financial assistance. If a determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person's ability to pay at a later date. The need for financial assistance may be re-evaluated at the following times:

- Subsequent rendering of services,
- Income change,
- Family size change,
- When an account that is closed is to be reopened, or
- When the last financial evaluation was completed more than six months before.

To be considered for financial assistance, the patient must cooperate with the facility to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid, Medicare, COBRA, etc. Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for financial assistance. All accounts greater than \$500 will require an application for Medicaid benefits unless the Financial Counselor believes the applicant will not be eligible for Medicaid. Non-payment by Medicare related to the denial of treatment authorization for partial or full charges and any lack of payment for non-covered services provided to a Medicare patient shall be considered for financial assistance.

The necessity for medical treatment for any patient will be based on the clinical judgment of the provider without regard to the financial status of the patient. All patients will be treated with respect and fairness regardless of their ability to pay.

### Financial Assistance Eligibility Criteria for Hospital Based upon Federal Poverty Guidelines, Gross Income Levels, 2009

Family Size	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$16,245	\$17,870	\$19,494	\$21,119	\$22,743	\$24,368	\$25,992	\$27,617	\$29,241	\$30,866	\$32,490
2	\$21,855	\$24,041	\$26,226	\$28,412	\$30,597	\$32,783	\$34,968	\$37,154	\$39,339	\$41,525	\$43,710
3	\$27,465	\$30,212	\$32,958	\$35,705	\$38,451	\$41,198	\$43,944	\$46,691	\$49,437	\$52,184	\$54,930
4	\$33,075	\$36,383	\$39,690	\$42,998	\$46,305	\$49,613	\$52,920	\$56,228	\$59,535	\$62,843	\$66,150
5	\$38,685	\$42,554	\$46,422	\$50,291	\$54,159	\$58,028	\$61,896	\$65,765	\$69,633	\$73,502	\$77,370
6	\$44,295	\$48,725	\$53,154	\$57,584	\$62,013	\$66,443	\$70,872	\$75,302	\$79,731	\$84,161	\$88,590
7	\$49,905	\$54,896	\$59,886	\$64,877	\$69,867	\$74,858	\$79,848	\$84,839	\$89,829	\$94,820	\$99,810
8	\$55,515	\$61,067	\$66,618	\$72,170	\$77,721	\$83,273	\$88,824	\$94,376	\$99,927	\$105,479	\$111,030

## **Required Documents**

Federal Tax Return for 2010 (or most recent filed)

Most recent bank statement

Pay stubs for last 3 months

Proof of any other income (social security, child support, unemployment, pension, rental income, etc.)

Receipts for current months expenses

Other – If Unemployed, signed personal statement noting date last worked and when you began receiving unemployment, disability, or social security payments if applicable