

HARRISON COUNTY HOSPITAL FINANCIAL ASSISTANCE POLICY - QUICK FACTS

Goal of aiding the poor and needy by providing assistance to cover healthcare costs.

- A. Assistance is available for all hospital and most physician services provided in the hospital. Services provided in the HCH physician offices are generally not eligible.
- B. Assistance is generally limited to U. S. citizens who are residents of either Harrison, Crawford or Meade County.
- C. Assistance is also available to residents of other counties if the patient has an established relationship with an HCH physician.
- D. All services related to medical emergencies are eligible to apply for assistance regardless of citizenship or residency.
- E. In most cases, the patient must complete an application and provide supporting documentation.
- F. Patient is also required to cooperate in applying for other financial resources such as Medicaid, HIP, COBRA, etc. prior to hospital providing assistance.
- G. Amount of assistance level is based on household income, relative to Federal Poverty Guidelines, adjusted for family size and the patient's available financial resources (if any).
- H. Once approved, financial assistance will be effective for 6 months, or until a change in the patient's financial status. An eligible individual will not be charged more than the hospitals current AGB for emergency or other medically necessary care.

To obtain a free copy of our Financial Assistance Policy and Application

- In Person, stop by Registration at 1141 Hospital Drive NW, Corydon IN
- By Mail, call the Business Office at 812-738-8755 or
- Visit our Website, https://www.hchin.org/importantinformation/

A Financial Counselor is available to provide assistance and may be contacted at 812-738-7846 or 800-447-4251 extension 2230.

The Financial Assistance Policy and Application are also available in Spanish on our website.

FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR HOSPITAL

Based upon Federal Poverty Guidelines, Gross income levels, 2021 AGB discount 66% July 2021)

Family Size	100%	75%	
1	0-25,760	25,761-38,640	
2	0-33,840	33,841-52,260	
3	0-43,920	43,921-65,880	
4	0-53,000	53,001-79,500	
5	0-62,080	62,081-93,120	
6	0-71,160	71,161-106,740	
7	0-80,240	82,241-120,360	
8	0-89,320	89,321-133,980	
Each Additional	9,080	13,260	