

## Summary of Financial Assistance Community Healthcare System Helping Hand Financial Assistance

We offer emergency and other medically necessary services in our hospital free of charge if your income is at or below 200% of the Federal Poverty Guidelines (the FPG). Patients whose income is between 200 – 300% of FPG are eligible for partial assistance ranging from as low as 74% to as high as 80%.

The following is a summary of financial assistance available at all Community Healthcare System facilities including its hospitals and hospital services at our outpatient centers.

**Financial Assistance Offered.** If you do not have insurance, we provide financial assistance for emergency and other medically necessary care as a discount from our normal charges if your family income does not exceed three times the FPG. All applicants will be screened for Medical coverage and must cooperate with the Medicaid representatives to be considered for financial assistance. If you are eligible for financial assistance under our Policy, you will receive free or discounted assistance according to the following income criteria:

- If your annual family income is up to 200% of the FPG, you will receive free care,
- If your annual family income is between 201% and 300% of the FPG, you will receive care discounted to the amount we generally bill Medicare patients for such services.

Even if you have insurance, as long as you meet our income criteria, you will be eligible for financial assistance if: your insurance does not provide coverage for the medically necessary services you are seeking or you have exhausted your lifetime maximum insurance benefits.

**Additional Ways to Qualify.** If you do not meet the income criteria above, you may be considered on a case-by-case basis for financial assistance under the following circumstances:

- *Catastrophic Balance.* If you have a balance due to Community Healthcare System greater than 50% of your annual family income, you may be considered for financial assistance.
- *Exceptional Circumstances.* If you have an extreme personal or financial hardship, you may contact us to be considered for financial assistance.

**Charges Will Not Exceed Amounts Generally Billed.** If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having Medicare coverage.

**How to Obtain Copies of Our Policy and Application.** You may obtain a copy of our Policy and the Financial Assistance application form: (1) on the Community Healthcare System website at <https://www.comhs.org/community/charity-care.asp>, and (2) in our admissions areas, in our emergency departments, or in any of our financial counselor's offices. If you call Patient Financial Services at 219-934-8888 or toll-free 800-210-9776 or ask a financial counselor, we will mail you a copy of our Financial Assistance Policy, plain language summary and application form free of charge.

**How to Apply and Obtain Assistance.** You may apply at any point in the scheduling or billing process by completing and submitting an application and providing income information. Any Financial Assistance Application whether completed in person, online, delivered or mailed in, will be forwarded to the Patient Financial Services team for evaluation and processing. If you think you may have catastrophic, exceptional or special medical circumstances, a financial counselor or Patient Financial Services representative can initiate an application for you. If you need any help in applying, please contact our financial counselors located at our facilities or call Patient Financial Services at 219-934-8888 or toll-free 800-210-9776.

*Copies of our Financial Assistance Policy, Application Form, and this Summary are available in English and Spanish.*

*Copias de nuestra política de ayuda financiera, la aplicación de ayuda financiera, y este sumario están disponibles en inglés y en español.*