



Financial Assistance Policy

Harrison County Hospital has a tradition of serving the poor, the needy, and all who require health care services. Harrison County Hospital alone cannot meet every community need. They can however, practice effective stewardship of resources to continue providing effective health care services. In keeping with effective stewardship, provision for financial assistance will be budgeted annually. Harrison County Hospital will continue to play a leadership role in the community by helping promote community-wide response to patient needs, from government and private organizations.

In order to promote the health and well-being of the community served, individuals with limited financial resources 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 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 calculation of financial assistance is based on gross charges less any applicable 3rd party payments and contractual adjustments. The need for financial assistance based on income 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 designated hospital representatives 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 Medicare, Medicaid, HIP, COBRA, etc. Failure to cooperate with the designated hospital representatives could result in the denial of financial assistance. 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

Appropriate signage will be visible in the facility, specifically in patient intake areas, creating awareness for the financial assistance program and the assistance available. Information, such as brochures, will be included in patient services/information folders and/or in patient intake areas. The Financial Assistance Policy and Application is available on our website, www.hchin.org, under Important Information. Paper copies of the Financial Assistance Application are visually placed in the main registration areas, are handed out to all uninsured patients during registration, and publically advertised one time a year in the hospital newsletter. In addition each statement includes a contact phone number to request a copy of the Financial Assistance Application and/or Policy. All public information and/or forms regarding the provision of financial assistance will use languages that are appropriate for the facility's service area.

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, 2017

Family Size	100%	80%	60%
1	\$0 - \$18,090	\$18,090 - \$27,135	\$27,135 - \$36,180
2	\$0 - \$24,360	\$24,360 - \$36,540	\$36,540 - \$48,720
3	\$0 - \$30,630	\$30,630 - \$45,945	\$45,945 - \$61,260
4	\$0 - \$36,900	\$36,900 - \$55,350	\$55,350 - \$73,800
5	\$0 - \$43,170	\$43,170 - \$64,755	\$64,755 - \$86,340
6	\$0 - \$49,440	\$49,440 - \$74,160	\$74,160 - \$98,880
7	\$0 - \$55,710	\$55,710 - \$83,565	\$83,565 - \$111,420
8	\$0 - \$61,980	\$61,980 - \$92,970	\$92,970 - \$123,960

List of Providers **Covered** by Financial Assistance Policy
In Harrison County Hospital Services Only

ANESTHESISTS
EMERGENCY ROOM PHYSICIANS
GENERAL SURGEONS
HOSPITALISTS
OB GYN'S (DR. JOSEPH SAUER ONLY)
ORTHOPEDIC SURGEON
PEDIATRICIANS
RADIOLOGISTS

List of Providers **Not Covered** by Financial Assistance Policy
All Other Services; which includes
services in Harrison County Hospital's Physician Offices
and After Hours Care