



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 unless services are performed in a Provider Based Clinic. .
- 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 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, Medicare Part B, 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.

FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR HOSPITAL
Based upon Federal Poverty Guidelines, Gross income levels, 2019 (AGB 67%)

Family Size	100%	75%
1	0-24,980	24,980-37,470
2	0-33,820	33,820-50,730
3	0-42,660	42,660-63,990
4	0-51,500	51,500-77,250
5	0-60,340	60,340-90,510
6	0-69,180	69,180-103,770
7	0-78,020	78,020-117,030
8	0-86,860	86,860-130,290
Each Additional	8,840	13,260