



## **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 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 designated hospital representative 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. Failure to cooperate with the designated hospital representative 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. 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.

Appropriate signage will be visible in the facility, specifically in patient intaken 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 intaken areas. The Financial Assistance Policy Summary and Application for Financial Assistance is available on our website, [www.hchin.org](http://www.hchin.org), under Important Information. 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, 2014**

<b>Family Size</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>
<b>1</b>	<b>\$0 - \$17,505</b>	<b>\$17,506 - \$26,258</b>	<b>\$26,259 - \$35,010</b>
<b>2</b>	<b>\$0 - \$23,595</b>	<b>\$23,596 - \$35,393</b>	<b>\$35,394 - \$47,190</b>
<b>3</b>	<b>\$0 - \$29,685</b>	<b>\$29,686 - \$44,528</b>	<b>\$44,529 - \$59,370</b>
<b>4</b>	<b>\$0 - \$35,775</b>	<b>\$35,776 - \$53,663</b>	<b>\$53,664 - \$71,550</b>
<b>5</b>	<b>\$0 - \$41,865</b>	<b>\$41,866 - \$62,798</b>	<b>\$62,799 - \$83,730</b>
<b>6</b>	<b>\$0 - \$47,955</b>	<b>\$47,956 - \$71,993</b>	<b>\$71,994 - \$95,910</b>
<b>7</b>	<b>\$0 - \$54,045</b>	<b>\$54,046 - \$81,068</b>	<b>\$81,069 - \$108,090</b>
<b>8</b>	<b>\$0 - \$60,135</b>	<b>\$60,136 - \$90,203</b>	<b>\$90,204 - \$120,270</b>