

PERRY COUNTY MEMORIAL HOSPITAL**PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY****Overview****Page 1 of 2**

Perry County Memorial Hospital is committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, underinsured, not eligible for a government program, or do not qualify for governmental assistance (for example Medicare or Medicaid). The Hospital strives to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of the Hospital's Financial Assistance Policy (FAP).

Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services at the Hospital.

Eligibility Requirements

Financial assistance is generally determined by a sliding scale of total household income based on the Federal Poverty Level (FPL). If you and/or the responsible party's income combined are at or below 200% of the federal poverty guidelines, you may get discounted rates for the care given by the provider. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance.

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Where to Find Information

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There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

- Download the information online at www.pchospital.org and type key words **financial assistance**.
- Request the information in writing by mail or phone or by visiting PCMH at 8885 SR 237 Tell City IN 47586
- Request information by calling (812)547-7011.

Availability of Translations

The Financial Assistance policy, application form and the plain language summary are offered in English; however, the Hospital may provide assistance through use of qualified bilingual interpreter by request.

How to Apply

The application process involves filling out the financial assistance form and submitting the form with the supporting documents to the Hospital's Financial Assistance Counselor for processing. You may apply in person by visiting the Financial Counselor or mailing the application to the address listed below.

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8885 State Road 237 | Tell City, Indiana | 47586
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