

Summary of Financial Assistance

Ohio Hospital Care Assurance Program (HCAP). As a participant in the HCAP Program, we offer emergency and other medically necessary hospital-level services free of charge if you are a resident of Ohio and your income is at or below 100% of the Federal Poverty Guidelines (the FPG).

Our General Financial Assistance Policy. In addition to HCAP, under our facility's Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care as a discount from our gross hospital charges if you are a resident in the *Hospital Service Area*¹ and meet one of the following criteria as determined by the patient's insurance status: Insured vs. Uninsured.

- **Insured.** For those patients who have insurance and do not qualify for HCAP but fall within 100-300% of the FPG, they will be eligible for a 100% discount on any co-pay, co-insurance, and deductible after insurance. Patients whose family income falls between 301-400% of the FPG, they will be eligible for a 76% discount and patients whose family income fall between 401-500% of the FPG will be eligible for a 58% discount on any co-pay, co-insurance, and deductible after insurance. Those patients whose family income is 501+% of the FPG will not be eligible for a discount.
- **Uninsured.** For patients without insurance, a discount of up to 100% will be extended to those whose family income is at or below 300% of the FPG. Patients whose family income falls between 301% and 400% of the FPG will receive a discount of 76%, and patients whose family income is at or above 401% of the FPG will receive a discount per AGB calculations (58%). All uninsured applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representatives to be eligible for assistance under our financial assistance policy
- **Medical Catastrophic Indigence.** Even if you have insurance and your family income exceeds 200% of the FPG, if you supply information to support exceptional medical circumstances (for example, terminal illness, excessive medical bills and/or medications, etc.), you will be considered for financial assistance on a case-by-case basis. Patients would not be expected to pay out-of-pocket expenses exceeding 25% of your annual family income.

¹ **Hospital Service Areas** for purpose of financial assistance are defined as the following counties: Allen, Auglaize, Hancock, Hardin, Mercer, Logan, Putnam, Paulding, Shelby, & Van Wert.

Charges Will Not Exceed Amounts Generally Billed to the Average Insured Patient.

If you receive an award of financial assistance under our Policy and your award does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having insurance under Medicaid in conjunction with Commercial Insurers.

How to Obtain Copies of Our Financial Assistance Policy You may obtain a copy of our Policy and the Financial Assistance Application Form: (1) on the LMHS's website at <http://www.limamemorial.org/financial-assistance>, (2) in our admission packet, (3) in our emergency departments, (4) in any registration access point, or (5) in the Patient Accounts Department. In addition, if you provide your mailing address to a Patient Accounts Representative, we will mail you a copy of our Financial Assistance Policy and Application Form free of charge.

Where to Submit Applications. Applications may be submitted to our Patient Accounts Department in person at the Main Hospital² or by mail using the address located at the bottom of this document. Oral Applications may be filled out over the telephone but would require a physical signature upon completion.

How to Obtain Information and Assistance Regarding Our Financial Assistance Policy

For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please visit our Patient Accounts Department located at the Main Hospital or contact them by telephone at (419) 226-5040.

Unpaid accounts may be referred to a Collection Agency which could affect your credit rating.

² **Main Hospital Mailing Address:** Attn: Financial Services (HCAP)| 1001 Bellefontaine Ave | Lima, OH 45804]

Return your completed application to: **Lima Memorial Health System**

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