

### **Summary of Financial Assistance Policy**

Memorial Hospital and Health Care Center is a non-profit entity established to meet the health care needs of the citizens of Dubois and surrounding counties. Sponsored by the American Province of the Little Company of Mary Sisters, the Hospital is committed to treat all patients with respect and fairness regardless of their ability to pay. It is understood that a patient's financial status may change over time, and the Hospital will re-establish a patient's eligibility at reasonable intervals sufficient to ensure that the patient remains in financial need.

### **Who Is Eligible?**

Under the Financial Assistance Policy, a patient will qualify for full or partial financial assistance if the patient is not eligible for group health insurance through an employer, and the patient's household income is less than 200% of the Federal Poverty Guidelines, as periodically published in the Federal Register, for the number of people living in the household, or if the patient's household income is between 200% and 400% of the Federal Poverty Guidelines, as periodically published in the Federal Register, for the number of people living in the household. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage. Prior to seeking Financial Assistance under the this Policy, all patients or their guarantors are encouraged to consult with a Patient Resource Claim Aide Advocate to determine if healthcare coverage may be obtained from a government insurance/assistance product or from the Health Insurance Exchange.

### **What Services Are Covered?**

Services eligible for financial assistance are all emergency and medically necessary inpatient and outpatient services wholly owned and offered by the Hospital. Services of Hospital employed physicians and healthcare providers are also eligible for financial assistance. Financial Assistance is not available for elective procedures such as cosmetic, surgical weight loss or experimental procedures (including non-FDA approved devices), specialty replacement lenses, hearing aids, services denied by insurance for no prior authorization or non-emergency services provided as a result of being out-of-network.

### **How Can I Apply?**

To apply for financial assistance, an individual typically must complete a written application. The individual must provide particular supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Application. Both the policy and application can be downloaded from the Memorial website [www.mhhcc.org](http://www.mhhcc.org) or can be obtained for free from the Memorial Hospital at the main Registration Desk, the registration area of the Emergency Room, or the Cashier. You may request an application by emailing [financialassistance@mhhcc.org](mailto:financialassistance@mhhcc.org) or by calling 812-467-6802 (option 5 and then option 4 for Memorial) and should be returned to the Cashier of Memorial Hospital and Health Care Center.

### **How Can I Get Help with an Application?**

For help with a Financial Assistance Application, you may contact the Cashier of Memorial Hospital and Health Care Center. You may also request assistance through email: [financialassistance@mhhcc.org](mailto:financialassistance@mhhcc.org).

### **How Can I Get More Information?**

Copies of the Financial Assistance Policy and Financial Assistance Application form can be downloaded from the Memorial website [www.mhhcc.org](http://www.mhhcc.org) or can be obtained for free from the Memorial Hospital at the main Registration Desk, the registration area of the Emergency Room, or the Cashier. Request for an application can also be obtained by emailing [financialassistance@mhhcc.org](mailto:financialassistance@mhhcc.org) or by calling 800-467-6802 (option 5 and then option 4 for Memorial).

### **What If I Am Not Eligible?**

Patients who do not qualify for financial assistance under the Financial Assistance Policy may qualify for other types of assistance. For more information, an individual may contact Patient Financial Services Department of Memorial Hospital and Health Care Center at (800) 852-7279 (toll free).

*Translations of the Financial Assistance Policy, the Financial Assistance Application, and this plain language summary are available in the following languages upon request: Spanish, Chinese, and German.*