



ADENA HEALTH SYSTEM

PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (FAP)

Adena Health System recognizes that some people cannot pay for all or part of their healthcare service. We are committed to providing access to healthcare to all persons, regardless of the ability to pay. We will do this in a compassionate manner that respects each person’s dignity and privacy.

FINANCIAL ASSISTANCE PROGRAM

Patients must use all other resources, including application to the local Department of Job and Family Services, before financial assistance will be considered. Eligibility for assistance is based upon total gross income (how much you make before taxes) and the number of dependents (usually children but sometimes relatives who live with you) in your family. People who have special circumstances may receive further consideration. Eligible patients will not be charged more than patients who have insurance

HOW TO APPLY FOR FINANCIAL ASSISTANCE

Call 740-779-8786

An application is printed on the back side of your billing statement
For a free copy of the FAP and the application in English or other languages talk to Adena representative or visit www.adena.org

If you would like a copy of Adena’s Billing and Collection policy please contact 740-779-4400 or visit www.adena.org

What you need to apply:

- 3 Months prior proof of income (pay stubs)
- A bank statement
- An income less 400% of the federal poverty level
- You cannot be a recipient of Medicaid
- You must live in Adams, Athens, Fayette, Gallia, Highland, Hocking, Jackson, Pickaway, Pike, Ross, Scioto, or Vinton counties

If you live another county or state, you must be preapproved for financial assistance *before receiving care*.

These services **are** covered: necessary health care, including physician fees provided by Adena-employed physicians.

HOSPITAL CARE ASSURANCE PROGRAM (HCAP)

If you meet the above requirements and your income is below 100% of the federal poverty line, you may also receive Assistance (called HCAP) for your part of the hospital bill

HCAP cannot provide assistance **for**: unnecessary services (i.e. Cosmetic), transportation fees, dental services.

2018 POVERTY INCOME GUIDELINES

Family Size	Income 100% FPL	Income 200% FPL	Income 300% FPL	Income 400% FPL
1	\$12,140	\$24,280	\$36,420	\$48,560
2	\$16,460	\$32,920	\$49,380	\$65,840
3	\$20,780	\$41,560	\$62,340	\$83,120
4	\$25,100	\$50,200	\$75,300	\$100,400
5	\$29,420	\$58,840	\$88,260	\$117,680
6	\$33,740	\$67,480	\$101,220	\$134,960
For each additional person, add	\$4,320	\$8,640.00	\$12,960	\$17,280