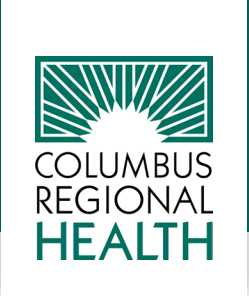


Financial Assistance Policy

Plain Language Summary



Overview

Columbus Regional Health promises to provide you the best care possible regardless of your ability to pay. We offer a financial assistance program to qualifying patients that either reduces or fully covers the out-of-pocket cost of medically necessary services. See the full Financial Assistance Policy for a detailed list of excluded services, the process for applying, and other information. You must submit a signed application form and provide the requested documentation in order for your application to be considered.

Do I qualify?

Patients, or guarantors (person responsible for paying the bill), primarily qualify for financial assistance based on their yearly gross household income and number of dependents in the household (dependents must be claimed on the 1040 tax filing form to qualify). Income is then compared to the Federal Poverty Guidelines to determine what level of discount you qualify for. Other employment and financial information, such as monthly expenses and assets, may also be used to determine financial assistance qualification per the discretion of Columbus Regional Health. See the table below for a summary of Federal Poverty Guideline criteria and approval levels. The current Federal Poverty Guidelines can be found on www.crh.org.

% of Federal Poverty Level	Approval Threshold
0-200%	100%
201-300%	80%
301-350%	66%

Patients who have an income level more than 350% of the Federal Poverty Level may qualify for financial assistance due to other reasons, such as catastrophic events or other hardships. We encourage you to speak with a financial counselor at Columbus Regional Health and apply for financial assistance if you need aid in paying your out-of-pocket balance.

If you qualify for financial assistance, you may not be charged more than the Amount Generally Billed (AGB) for emergency and other medically necessary care.

How do I apply?

To apply, you are required to submit a completed and signed financial assistance application form, along with supporting documentation. A free copy of the financial assistance applications can be found online at www.crh.org/financial-assistance, in patient waiting areas around the hospital and clinics, or by calling our Customer Service Representatives at 812-376-5315 or toll free at 1-800-841-4954 (8 AM to 4:30 PM, Monday through Friday).

If you need information, have any questions, or need assistance with the application process, please contact our Customer Service Representatives at 812-376-5315 or toll free at 1-800-841-4954 (8 AM to 4:30 PM, Monday through Friday).

Return completed and signed applications, along with copies of supporting documentation to the address below:

Columbus Regional Hospital
Attn: Patient Financial Services
2400 E 17th Street
Columbus, IN 47201