Financial Assistance

Dear Patient,

We are proud to provide a high-quality level of medical care to every patient. Our goal is to help you feel better as quickly as possible, whilst bringing transparent, affordable, quality care to support our community.

Our practice abides by the contractual and legal obligations of health benefit plans to collect charges, co-pays, co-insurance, and deductible amounts owed by our patients.

However, we recognize that circumstances may arise where an individual is unable to pay in full, so we have adopted a policy of screening requests for discounts, delayed payment plans, or forgiveness-of-debt based on individual circumstances.

Houston County Community Hospital seeks to provide support for those unable to pay in full for medically necessary care, by:

• Using fair and consistent billing and collection practices, including charitable care and financial assistance policies and a standard application process.

• Providing extended payment plan options and medically necessary services at reduced rates, or at no cost, for patients who are eligible for financial assistance.

• Providing emergency care, regardless of ability to pay.

To provide support for those who meet criteria for financial assistance, we ask for certain financial information. Please provide **two** out of the three following documents listed below for each household and complete this form to the best of your ability:

• A copy of your last year's federal tax return.

• Copies of the two most recent payroll stubs or unemployed benefit payments.

• Three months of bank statements.

***Please note: All information will be held confidential according to our privacy policy. ***

Please return this completed form with the documents to our Financial Counselor, who can evaluate your eligibility for financial assistance. Thank you for trusting us with your care,

Houston County Community Hospital

• 5001 East Main Street, Erin, TN 37061 • Phone: 931.289.4211 • Fax: 931.289.4158 •

REVIEWED BY:
DATE:

5001 East Main Street
Erin, TN 37061
931-289-4211

HOUSTON COUNTY COMMUNITY HOSPITAL

Patient Name:	Patient's Date of Birth:
Person Completing Application:	Relationship to Patient:

TYPE OF ASSISTANCE REQUESTED (CHECK ALL THAT APPLY):	
REDUCED BALANCES	
DEBT FORGIVENESS	
PAYMENT PLAN	

PLEASE PROVIDE TWO OF THE THREE DOCUMENTS LISTED:

- COPY OF LAST YEAR'S TAX RETURN OR CURRENT YEAR'S W-2
- COPIES OF TWO (2) MOST RECENT PAY STUBS OR BENEFIT LETTER
- COPIES OF THREE (3) MOST RECENT BANK STATEMENTS

HOUSEHOLD SIZE	NUMBER OF ADULTS	
	NUMBER OF CHILDREN	

My signature below certifies that the information provided is true and correct. I grant this office permission to verify the information provided. I acknowledge that completion and submission of this application does not guarantee discounted services or debt

SIGNATURE:	DATE:

REVIEWED BY:	DATE:
APPROVED? YES NO	IF NO, REASON:
DISCOUNT PERCENTAGE TO BE APPLIED:	DECISION DATE:

CASH PAY ELIGIBLE FOR 60% DISCOUNT IF INELIGIBLE FOR ADDITIONAL DISCOUNTS BASED OFF INCOME

Income Level	Eligibility Discount	Household of 1	Household of 2	Household of 3	Household of 4
501% and above FPL	20% discount	$79,959.60 and above	$108,416.40 and above	$136,873.20 and above	$165,330.00 and above
476% - 500%	25% discount	$75,959.60 - $79,800.00	$103,006.40 - $108,200.00	$130,043.20 - $136,600.00	$157,080.00 - $165,000.00
451% - 475%	30% discount	$71,979.60 - $75,810.00	$97,596.40 - $102,790.00	$123,213.20 - $129,770.00	$148,830.00 - $156,750.00
426% - 450%	35% discount	$67,989.60 - $71,820.00	$92,186.40 - $97,380.00	$116,383.20 - $122,940.00	$140,580.00 - $148,500.00
401% - 425%	40% discount	$63,999.60 - $67,830.00	$86,776.40 - $91,970.00	$109,553.20 - $116,110.00	$132,330.00 - $140,250.00
376% - 400%	45% discount	$60,009.60 - $63,840.00	$81,366.40 - $86,560.00	$102,723.20 - $109,280.00	$124,080.00 - $132,000.00
351% - 375%	50% discount	$56,019.60 - $59,850.00	$75,956.40 - $81,150.00	$95,893.20 - $102,450.00	$115,830.00 - $123,750.00
326% - 350%	55% discount	$52,029.60 - $55,860.00	$70,546.40 - $75,740.00	$89,063.20 - $95,620.00	$107,580.00 - $115,500.00
301% - 325%	60% discount	$48,039.60 - $51,870.00	$65,136.40 - $70,330.00	$82,233.20 - $88,790.00	$99,330.00 - $107,250.00
276% - 300%	65% discount	$44,049.60 - $47,880.00	$59,726.40 - $64,920.00	$75,403.20 - $81,960.00	$91,080.00 - $99,000.00
251% - 275%	70% discount	$40,059.60 - $43,890.00	$54,316.40 - $59,510.00	$68,573.20 - $75,130.00	$82,830.00 - $90,750.00
226% - 250%	75% discount	$36,069.60 - $39,900.00	$48,906.40 - $54,100.00	$61,743.20 - $68,300.00	$74,580.00 - $82,500.00
201% - 225%	80% discount	$32,079.60 - $35,910.00	$43,496.40 - $48,690.00	$54,913.20 - $61,470.00	$66,330.00 - $74,250.00
176% - 200%	85% discount	$28,089.60 - $31,920.00	$38,086.40 - $43,280.00	$48,083.20 - $54,640.00	$58,080.00 - $66,000.00
151% - 175%	90% discount	$24,099.60 - $27,930.00	$32,676.40 - $37,870.00	$41,253.20 - $47,810.00	$49,830.00 - $57,750.00
126% - 150%	95% discount	$20,109.60 - $23,940.00	$27,266.40 - $32,460.00	$34,423.20 - $40,980.00	$41,580.00 - $49,500.00
125% and below FPL	100% discount	$19,950.00 and below	$27,050.00 and below	$34,150.00 and below	$41,250.00 and below