

SALEM COMMUNITY HOSPITAL FINANCIAL ASSISTANCE ELIGIBILITY

Dear Patient:

Financial assistance is available for hospital expenses to individuals with income at or below the federal poverty guidelines. Eligibility is based on income and the federal poverty guidelines shown below.

<u>FAMILY SIZE</u>	<u>FEDERAL POVERTY INCOME GUIDELINES</u>	<u>150% LEVEL</u>
1	\$10, 830	\$16, 245
2	14, 570	21, 855
3	18, 310	27, 465
4	22, 050	33, 075
5	25, 790	38, 685
6	29, 530	44, 295
7	33, 270	49, 905
8	37, 010	55, 515

For family units with more than eight (8) members, add \$3,740 for each additional member.

Also, you are eligible for financial assistance if you currently received Disability Assistance (DA). To claim this benefit, you must send us a copy of your DA card, or call us with your card number and effective/expiration dates.

In order for us to assist you with this process, please contact the Patient Financial Advocate at (330) 332-7393.

Upon reviewing your information, we will notify you of your eligibility.

ONLY HOSPITAL CHARGES WILL BE CONSIDERED. PHYSICIAN CHARGES MUST BE DISCUSSED WITH THE PHYSICIAN OFFICE BILLING STAFF.

Thank you.

Patient Financial Advocate

Revised 9/14/09