

## PLAIN LANGUAGE SUMMARY

### COMMUNITY HOSPITAL ANDERSON'S FINANCIAL ASSISTANCE POLICY

#### Overview

Community Hospital Anderson is committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you do not have health insurance or the portion of your bill not covered by insurance is more than you can afford to pay. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including, but not limited to cosmetic services and other services that are not medically necessary. This is a summary of the Community Anderson's Financial Assistance Policy (FAP).

#### Eligibility Requirements

Financial assistance is generally determined by a sliding scale of total household income based on the *Federal Poverty Level (FPL)*. If you and/or the responsible party's family income combined is at or below 200% of the federal poverty guidelines, you may have no financial responsibility for the care given by Community Anderson. If you fall between 200% and 300%, you may get discounted rates for the care given by us. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full policy for a complete explanation and details.

#### Where to Find Information and How to Apply

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

1. Download an application at [communityanderson.com](http://communityanderson.com),
2. Request the information in writing by mail or by visiting Community Hospital Anderson's Emergency Department Front desk at 1515 N. Madison Ave, Anderson, IN 46011, Or
3. Request the information by calling **765-298-3300**. Or
4. Request the information by email at [financialhelp@ecomunity.com](mailto:financialhelp@ecomunity.com)

You will then need to mail all requested information including the supporting documentation to Patient Accounts, Community Hospital Anderson, 1515 N. Madison Ave, Anderson IN 46011 or deliver in person to Patient Accounts in the basement of the 1601 building on Medical Arts Blvd, Anderson, IN.

We have Financial Counselors available to help you complete the application or answer questions you have about our FAP. Please call **765-298-3300**.