



Summary of Financial Assistance

Powers Health

Helping Hand Financial Assistance

We offer emergency and other medically necessary services in our hospital free of charge if your income is at or below 200% of the Federal Poverty Guidelines (the FPG). Patients whose income is between 200 – 300% of FPG are eligible for partial assistance ranging from as low as 74% to as high as 80%.

The following is a summary of financial assistance available at all Powers Health facilities including its hospitals and hospital services at our outpatient centers.

Financial Assistance Offered. If you do not have insurance, we provide financial assistance for emergency and other medically necessary care as a discount from our normal charges if your family income does not exceed three times the FPG. All applicants will be screened for Medical coverage and must cooperate with the Medicaid representatives to be considered for financial assistance. If you are eligible for financial assistance under our Policy, you will receive free or discounted assistance according to the following income criteria:

- If your annual family income is up to 200% of the FPG, you will receive free care,
- If your annual family income is between 201% and 300% of the FPG, you will receive care discounted to the amount we generally bill Medicare patients for such services.

Even if you have insurance, as long as you meet our income criteria, you will be eligible for financial assistance if: your insurance does not provide coverage for the medically necessary services you are seeking or you have exhausted your lifetime maximum insurance benefits. There is a separate sliding scale for under insured patients.

Additional Ways to Qualify. If you do not meet the income criteria above, you may be considered on a case-by-case basis for financial assistance under the following circumstances:

- *Catastrophic Balance.* If you have a balance due to Powers Health greater than 50% of your annual family income, you may be considered for financial assistance.
- *Exceptional Circumstances.* If you have an extreme personal or financial hardship, you may contact us to be considered for financial assistance.

Charges Will Not Exceed Amounts Generally Billed. If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having Medicare coverage.

How to Obtain Copies of Our Policy and Application. You may obtain a copy of our Policy and the Financial Assistance application form: (1) on the Powers Health website at <https://www.PowersHealth.org/community/charity-care.asp>, and (2) in our admissions areas, in our emergency departments, or in any of our financial counselor's offices. If you call Patient Financial Services at 219-934-8888 or toll-free 800-210-9776 or ask a financial counselor, we will mail you a copy of our Financial Assistance Policy, plain language summary and application form free of charge.

How to Apply and Obtain Assistance. You may apply at any point in the scheduling or billing process by completing and submitting an application and providing income information. Any Financial Assistance Application whether completed in person, online, delivered or mailed in, will be forwarded to the Patient Financial Services team for evaluation and processing. If you think you may have catastrophic, exceptional or special medical circumstances, a financial counselor or Patient Financial Services representative can initiate an application for you. If you need any help in applying, please contact our financial counselors located at our facilities or call Patient Financial Services at 219-934-8888 or toll-free 800-210-9776.

Copies of our Financial Assistance Policy, Application Form, and this Summary are available in English and Spanish.

Copias de nuestra política de ayuda financiera, la aplicacion de ayuda financiera, y este sumario estan disponible en ingles y en espanol.

Return your completed application to: Powers Health - Patient Financial Services PO Box 3604 Munster, IN 46321



| | | | |
|-----------------|----------------------------------|---------------------------|------------------|
| Guarantor Name | Guarantor Social Security Number | Guarantor Date of Birth | Guarantor Number |
| Patient Name(s) | Guarantor Phone Number | Patient Account Number(s) | |

You may be eligible for our HELPING HAND PROGRAM if you are unable to pay your bill in full. Please fill out the below form and send in the required information in the next 10 days. We will evaluate your financial need to see if you qualify for partial or full assistance. You must provide information for BOTH the Patient/Guarantor and Spouse if applicable.

Name of Person Applying for Assistance: _____

Number of Family Members claimed on tax return: _____

MONTHLY INCOME:

SALARY/WAGES:

Patient: \$ _____

Spouse: \$ _____

SOCIAL SECURITY: \$ _____

PENSION INCOME: \$ _____

RENTAL INCOME: \$ _____

DISABILITY INCOME: \$ _____

UNEMPLOYMENT

INCOME: \$ _____

TOTAL INCOME: \$ _____

ASSETS:

CASH ON HAND: \$ _____

BANK ACCOUNTS: \$ _____

Savings: \$ _____

Checking: \$ _____

Trust: \$ _____

Credit Union \$ _____

INCOME PRODUCING

REAL ESTATE: \$ _____

STOCKS/BONDS: \$ _____

OTHER: \$ _____

TOTAL ASSETS: \$ _____

Please send copies of the items below:

Note: Application cannot be processed without the following if applicable:

- Most recent federal tax return with supporting schedules and W-2. Return must be signed.
- Current pay stubs for the last 30 days.
- Most recent bank statement for all bank accounts. Include all pages.
- Proof of assets listed above
- If Self Employed, most recent quarterly business profit/loss statement.
- Proof of non wage income (i.e. unemployment, child support, alimony, trust, pension, interest)
- If not employed, a letter showing means of support signed by person supporting you.
- Award Letter for Food Stamps
- If you applied for government or state assistance, provide proof of approval or denial.
- Proof of separation

I CERTIFY THAT:

- ☐ The information stated in the application is an accurate and complete statement of my financial status.
- ☐ I have declared all assets and sources of income as requested.
- ☐ I authorize Powers Health to check credit history, employment status and make all inquiries deemed necessary to complete this application process for financial assistance.
- ☐ I understand that untrue or incomplete information is cause for denial.

Signature of Patient/Responsible Party: _____

Date: _____

Please return information within 10 days.

Via Fax: 219-934-8986

Or Mail: Patient Accounts Helping Hand Program Application

PO Box 3604

Munster, IN 46321-0703

Medical Assistance Directory

This Medical Assistance Directory is intended to help patients and families become familiar with government resources available to assist with medical expenses. Applications for Medicaid are available through the Division of Family and Children, in the county in which you live.

State of Indiana – Lake County Division of Family and Children: Medicaid & Financial Assistance Offices

Crown Point DFR
1865 E Summit St
Crown Point, IN 46307

Hammond DFR
5255 Hohman Ave
Hammond, IN 46320

Hobart DFR
1871 E 37th Ave
Hobart, IN 46342

661 Broadway
Suite 102
Gary, IN 46402

110 W. Ridge Rd.
PO Box #2270
Gary, IN 46408

3714 Main St.
East Chicago, IN 46312

**Patients can visit: <http://www.in.gov/FSSA/3030.htm>
or call: 1-800-403-0864**

State of Illinois AFDC: Medicaid & Financial Assistance

3301 Wireton Road
Blue Island, IL 60406
(708) 293-4700

831 W. 119th St.
Chicago, IL 60643
(773) 660-4700

- **Who is eligible?**
 - Persons who meet eligibility requirements.
 - There are different income levels for different categories.
Categories include but are not limited to low income families with dependent children, pregnant women, children under 19, age 65 or older, blind, disabled, and refugees.
- **Can someone else file for me if I am unable to go to the local Medicaid office?**
 - Yes. A legal guardian or somebody you have given written power of attorney, or you can state in writing the name of the person you wish to file the application.
- **Must I have a fixed or permanent address?**
 - No. You are able to pick up your Medicaid card at the local office or have it mailed to a church, shelter, or any location where you can pick it up.
- **Can Medicaid pay the bills for medical care I received before I applied for Medicaid?**
 - Yes. Medicaid can pay for services as much as three months before you filed your Medicaid application, if you met eligibility requirements at the time you received the care.

**If more information is needed, please contact Patient Financial Services at:
(219) 934-8888 or toll free (800) 210-9776**

***HELPING HAND FINANCIAL ASSISTANCE PROGRAM DISCOUNT FOR
UNINSURED ACCOUNTS
FREQUENTLY ASKED QUESTIONS***

Q: How do I apply for a Helping Hand Financial Assistance Program?

- Call Patient Financial Services at 219-934-8888 or 800-210-9776 and request a Helping Hand Financial Assistance Application packet.
- Packets are also available in the Registration Department, Financial Counselor Office or Cashier.

Q: Do I need to apply for Medicaid before I can be eligible for a Helping Hand Financial Assistance Program through the hospital?

- Yes. All other sources of financial assistance must be exhausted before a Helping Hand Financial Assistance Program can be considered.
 - If you are approved for Medicaid this may cover the cost of your current services.
 - In addition, future medical services may be covered.
 - Physician services may also be covered.
- Refer to the Medical Assistance Directory to locate the address and phone number for the nearest Medicaid office.

Q: How do I qualify for a Helping Hand Financial Assistance Program for uninsured accounts?

- Hospital services must be medically necessary.
- You must be uninsured.
- You must request financial assistance prior to your account being sent to a collection agency.
- You must provide proof of denials from government assisted programs (HCI and Medicaid).
Please note: If you are denied government assistance because you failed to cooperate, you will not be eligible for the hospital's Helping Hand Program Discount consideration.
- You must complete a Financial Information Worksheet.
 - Provide proper documentation to substantiate asset and income information.
 - Your signature certifies the information provided is accurate.
 - Your assets must be below the minimum outlined in the Helping Hand Financial Assistance Program.
 - Your annual household income must be within the range of the Sliding Scale provided in this packet, which is based on the Federal Poverty Guidelines.
- Return the worksheet along with the supporting documentation to the Patient Accounts Department address indicated on the Financial Information Worksheet form.
- Complete and return supporting documentation within 10 days after you have received the packet.

Q: What qualifies as assets?

- Assets include but are not limited to cash or cash equivalents such as bank accounts (checking, saving), certificates of deposit, marketable stocks and bonds, fixed income investments or equity investments in taxable accounts or retirement accounts.

Q: What qualifies as income?

- Income includes but is not limited to wages, Social Security, interest or dividends, pension, unemployment, child support, etc.

Q: When will I know if I am approved for Helping Hand Financial Assistance Program?

- All applications will be reviewed in a timely fashion. If you would like to check the status of your application or have other questions, please call Patient Financial Services at 219-934-8888 or 800-210-9776.