



**2011 Financial Assistance Programs**  
**Effective for services on or after January 20, 2011**  
**For Prior Services Refer to 2009 guidelines**

**Hospital Care Assurance Program:** Firelands Regional Medical Center complies with the State funded Hospital Care Assurance program as defined in the Ohio Revised Code section 5112.17. Firelands Regional Medical Center will provide access to essential care on any basis, and will provide access to essential health services without regard for individual consumers' ability to pay. Patients are eligible for the Hospital Care Assurance Program through a formalized application process.

**Hospital Financial Assistance Discount Program** is Firelands Regional Medical Center's program for patients in financial need. Patients are eligible for free or discounted services through a formalized application process.

**What are the Financial Assistance Program requirements?**

The qualifications for assistance will be determined by an application, based on a percent of current Federal Poverty Guidelines. Income, other earnings, and family size are used to calculate the need for assistance. Applications for assistance must be complete, legible, signed and dated by the patient, guarantor or representative. Applications not meeting these conditions will be returned to the applicant or considered denied.

\*\*Financial Assistance Discount Program effective beginning 06/01/2005\*\*  
**2011 Discounts effective for Date of Service January 20, 2011\*\***

Family Size	100% or below of Federal Poverty Guidelines, <b>Hospital Care Assurance Program</b>	101% to 200% of Federal Poverty Guidelines <b>100% Free Care Discount</b>	201% to 300% of Federal Poverty Guidelines <b>25% Discount</b>
1	\$10,890	\$10,891 to 21,780	\$21,781 to 32,670
2	\$14,710	\$14,711 to 29,420	\$29,421 to 44,130
3	\$18,530	\$18,531 to 37,060	\$37,061 to 55,590
4	\$22,350	\$22,351 to 44,700	\$44,701 to 67,050
5	\$26,170	\$26,171 to 52,340	\$52,341 to 78,510
6	\$29,990	\$29,991 to 59,980	\$59,981 to 89,970
7	\$33,810	\$33,811 to 67,620	\$67,621 to 101,430
8	\$37,630	\$37,631 to 75,260	\$75,261 to 112,890

For families with more than 8 persons, add \$3,820 for each additional person.

**How do I apply for the Hospital Financial Assistance?**

Patients or their designee are asked to complete an application. Applicants must provide proof of income, such as a copy of your W2, payroll stubs for the last 3 months with year to date gross income, Social Security/Disability Income, Pension income, unemployment, VA benefits, and workers compensation. If you have no means of support, you will need to advise how you are meeting your daily living needs. The Hospital Financial counselor will evaluate your information and you will receive a letter indicating if your application has been approved.

Please feel free to contact us at 419-557-7879 for further assistance.