



**2015 Financial Assistance Programs**  
**Effective for Services on or after January 21, 2015**  
**For Prior Services Refer to 2014 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\*\***  
**2015 Discounts effective for Dates of Service on or after January 21, 2015**

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	\$11,770	\$11,771 to \$23,540	\$23,541 to \$35,310
2	\$15,930	\$15,931 to \$31,860	\$31,861 to \$47,790
3	\$20,090	\$20,091 to \$40,180	\$40,181 to \$60,270
4	\$24,250	\$24,251 to \$48,500	\$48,501 to \$72,750
5	\$28,410	\$28,411 to \$56,820	\$56,821 to \$85,230
6	\$32,570	\$32,571 to \$65,140	\$65,141 to \$97,710
7	\$36,730	\$36,731 to \$73,460	\$73,461 to \$110,190
8	\$40,890	\$40,891 to \$81,780	\$81,781 to 122,670

For families with more than 8 persons, add \$4,160 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.