



## **The Bellevue Hospital Financial Assistance Policy – Plain Language Summary**

The Bellevue Hospital Financial Assistance Policy (FAP) exists to provide eligible patients partially or fully discounted emergent or medically-necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services – Emergent and/or medically necessary healthcare services provided by The Bellevue Hospital

Eligible Patients – Patients receiving eligible services, who submit a completed Financial Assistance Application, and who are determined eligible for Financial Assistance by The Bellevue Hospital.

How to Apply – Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at the Hospital’s main registration desk, ER registration desk or at Patient Financial Services.
- Request to have an application mailed to you by calling the Financial Counselor (419)483-4040 ext.4888
- Request an application by mail at The Bellevue Hospital, Attention: Financial Counseling, PO Box 8004, Bellevue OH 44811.
- Download an application from The Bellevue Hospital website:  
[www.bellevuehospital.com/financialassistance](http://www.bellevuehospital.com/financialassistance)
- Mail completed and signed application to: The Bellevue Hospital, Attention: Financial Counseling, PO Box 8004, Bellevue OH 44811

Determination of Financial Assistance Eligibility –

Generally, patients are eligible for financial assistance using a sliding scale based on their income level.

Patients with family income of 200% of the federal poverty level or less may be eligible for a discount of 100%. Patients with family income of 200% to 400% of the Federal Poverty Guideline (FPG) may be eligible for a partial discount.

Once eligibility for financial assistance has been established, patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) to individuals with insurance.

<b>Family Income 100% or below FPG-</b>	<b>Eligible for 100% Discount, Hospital Care Assurance Program</b>
<b>Family Income 101%to 200% of FPG-</b>	<b>Eligible for 100% Bellevue Care Assistance Discount</b>
<b>Family Income 201%-400% of FPG -</b>	<b>Eligible for Partial Financial Assistance, AGB is maximum billed to patient.</b>