



## **Plain Language Summary Cleveland Area Hospital's Financial Assistance Policy**

Cleveland Area Hospital ("CAH") offers financial assistance to individuals who qualify. **Depending upon your financial situation, you could qualify for a 0% to 100% discount on your hospital charges.**

- ❖ The Financial Assistance Policy and Financial Assistance Application Forms are available free of charge for viewing, downloading, and printing at: <https://www.clevelandareahospital.com/policies-and-practices>
- ❖ The Financial Assistance Policy and Financial Assistance Application Forms are also available in person at the hospital's admissions desk.
- ❖ If you would like to receive a free copy of Cleveland Area Hospital's Financial Assistance Policy and/or a Financial Assistance Application Form by mail, contact the Financial Counseling Manager at (918)358-2501, extension 4302, or write to:

**Cleveland Area Hospital Authority  
Attention: Financial Counseling Manager  
1401 W. Pawnee Street  
Cleveland, OK 74020**

- ❖ If you would like to discuss the Financial Assistance Policy and Financial Assistance Application form/process, please contact a Financial Counseling Manager at (918)358-2501, extension 4302
- ❖ NOTE: No person who is eligible for Financial Assistance shall be charged or obligated to pay more than the amounts generally billed to patients with insurance coverage.
- ❖ **Eligibility Requirements:** Cleveland Area Hospital ("CAH") uses the Federal Poverty Guidelines (attached) to determine eligibility for financial assistance. CAH will compute a percentage of the Federal Poverty Guidelines based on the annual income of the patient's household, plus the "Patient's Asset Contribution" in order to determine eligibility for financial assistance. The Patient's Asset Contribution is 25% of the value of unencumbered assets (excluding the primary residence) that exceeds \$10,000.00.

Gross Wages and Assets as a Percentage of the Federal Poverty Guidelines	Percentage of Patient Liability Allowable for Financial Assistance
200% or less	100%
201% to 220%	90%
221% to 240%	80%
241% to 260%	70%
261% to 280%	60%
281% to 300%	50%
All uninsured patients not qualifying for charity care will receive a 40% private pay discount from billed charges.	

- ❖ Accounts may be eligible for financial assistance without a completed Financial Assistance Application if the patient:
  - is homeless;
  - qualifies for food stamps;
  - qualifies for subsidized school lunch program;
  - has accounts included in the patient’s and/or responsible party’s personal bankruptcy
  - has accounts returned by the collection agency as uncollectible due to bankruptcy;
  - is a documented immigrant that does not qualify for any Federal programs specifically designated for *undocumented immigrants*;
  - or guarantor is deceased with no estate in probate;
  - is enrolled in State Medicaid insurance programs that use a defined family income at or below 200% of the Federal Poverty Guidelines; and
  - is enrolled in State Assistance Programs that use a defined family income at or below 200% of the Federal Poverty Guidelines.
  
- ❖ If you have any questions or would like more information and assistance regarding the Financial Assistance Application process, please contact the Financial Counseling Manager at (918)358-2501, extension 4302, or visit in person at:

**Cleveland Area Hospital Authority  
1401 W. Pawnee Street  
Cleveland, OK 74020**

2017 Poverty Guidelines	
Persons in Family/Household	Poverty Guideline
1	\$ 12,140
2	\$ 16,460
3	\$ 20,780
4	\$ 25,100
5	\$ 29,420
6	\$ 33,740
7	\$ 38,060
8	\$ 42,380
For Families/Households with more than 8 persons, add \$4,320 for each additional person	