

Translation services are available in both English and Spanish according to the 5-percent/1000 person threshold under the HHS Guidance safe harbor and 501r final regulations.

Free copies of Evangelical's Financial Assistance Policy, application form, and this summary are available in English and Spanish and can be obtained by calling 570-522-4445 or by visiting www.evanhospital.com/patients/insurance/charity-care.

Las copias de nuestra Política de ayuda financiera, el Formulario de solicitud y el presente Resumen están disponibles en español.



Financial Assistance Policy



Hospital Charity Care Program

Evangelical Community Hospital remains firmly committed to working collaboratively with its community to identify, understand, and address the healthcare needs of the communities it serves. Evangelical provides high quality, effective care with a consistently high level of dignity, respect, and skill to all patients, regardless of their ability to pay. Your financial circumstances will not affect the care you receive.

Patients who do not have insurance or who, because of financial hardship, cannot pay for emergent or medically necessary care, are eligible under Evangelical's policies to receive care at a discount or without charge. Patients may apply for financial assistance at any time – before, during, or after their care.

Charges Will Not Exceed Amounts Generally Billed to Medicare

If you receive an award of financial assistance under our policy and your award does not cover 100% of the charges for the service, you will not be charged more for emergency or other medically necessary care than the amount generally billed patients having insurance under Medicare.

How to Obtain Information and Assistance Regarding the Financial Assistance Policy

If you need help paying for medical care, you are responsible to apply for Financial Assistance. Applications are available in English and Spanish. A Financial Counselor is available to help complete the application. The application requires you to provide financial information.

To Apply:

Online – Go to the Evangelical Community Hospital website: www.evanhospital.com/patients/insurance/charity-care.

The website provides information about the program and includes a printable application form. Once completed, the form should be mailed to:

Evangelical Community Hospital
Attention: Financial Counselor
One Hospital Drive
Lewisburg PA 17837

Copies of the required financial information must be included with your application.

In Person – Visit the Cashiers Office at Evangelical Community Hospital and ask to meet with a Financial Counselor. For questions, call 570-522-4445.

By Mail – Contact the Financial Counselor at 570-522-4445 and request an application be mailed to you.

By Phone – Contact the Financial Counselor at 570-522-4445 and request to fill out the application verbally. Appointments may need to be made. Patients must then forward required documentation to complete the application process.

General Financial Assistance Policy

Financial assistance is provided for emergency and other medically necessary care on a sliding scale discount from normal charges. All applicants will be screened for Medicaid coverage and must cooperate with Medicaid representatives to be eligible for assistance under Evangelical's financial assistance policy. Applicants will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care. If you are eligible for financial assistance under our policy, you will receive free or other discounted assistance according to the following sliding scale:

Health and Human Services Poverty Income Guidelines for the 48 Contiguous States and the District of Columbia							
FREE CARE		85% Discount		70% Discount		55% Discount	
SIZE OF HOUSEHOLD	2015 POVERTY GUIDELINES	GREATER THAN	UP TO	GREATER THAN	UP TO	GREATER THAN	UP TO
1	\$11,770	\$11,770	\$15,654	\$15,654	\$20,598	\$20,598	\$23,540
2	\$15,930	\$15,930	\$21,187	\$21,187	\$27,878	\$27,878	\$31,860
3	\$20,090	\$20,090	\$26,720	\$26,720	\$35,158	\$35,158	\$40,180
4	\$24,250	\$24,250	\$32,253	\$32,253	\$42,438	\$42,438	\$48,500
5	\$28,410	\$28,410	\$37,785	\$37,785	\$49,710	\$49,710	\$56,820
6	\$32,570	\$32,570	\$43,318	\$43,318	\$56,998	\$56,998	\$65,140
7	\$36,730	\$36,730	\$48,851	\$48,851	\$64,278	\$64,278	73,460
8	\$40,890	\$40,890	\$54,384	\$54,384	\$71,558	\$71,558	\$81,780
\$4,160 ADD'L FOR EACH MEMBER OF THE HOUSEHOLD							