

# Plain Language Summary

## Our General Financial Assistance Policy

Under our facility's Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care on a sliding scale discount from our normal charges if you are a resident of Boone County, surrounding counties or whose physician is on active medical staff at WHS who does not otherwise have the ability to pay for services received at Witham Memorial Hospital. All uninsured applicants will be screened for Medicaid coverage and must cooperate with our Medicaid Eligibility Representatives to be eligible for financial assistance under our policy. You may contact representative directly at (765)485-8195 to see if you qualify for Medicaid/Healthy Indiana plan or other state funded programs. If you are Eligible for assistance, you will receive free or discounted assistance according to the following sliding scale:

Income as Percent of Federal Poverty Guideline	Percent of Assistance Discount
0 - 200%	100%
201% - 250%	80%
251% - 300%	60%
301% - 350%	40%
351% - 400%	20%

## Exceptional Medical Circumstances

Even if your family income exceeds 400% of the FPG, if you supply information to support exceptional medical circumstances (for example, terminal illness, catastrophic medical bills, etc.), you will be considered on a case-by-case basis for assistance.

## Emergency Medical Care

Witham Memorial Hospital will perform a medical screen of all patients who come to our emergency room and will treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed, or color as stated in the Emergency Medical Treatment and Labor Act (EMTALA).

## Charges Will Not Exceed Amounts Generally Billed to Commercial Insurance.

If you have no insurance coverage and receive an award of financial assistance under our Policy and your award does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having commercial insurance.

## How to Obtain Copies of Our Financial Assistance Policy

You may obtain a copy of our Policy and the Financial Assistance Application Form:

- on the Witham Health Services website at [www.witham.org](http://www.witham.org)
- in our admission packet
- in our emergency department
- at Hospital registration area or patient accounts department.

In addition, if you provide your mailing address to a patient account representative, we will mail you a copy of our Financial Assistance Policy and Application Form free of charge.

## How to Obtain Information and Assistance Regarding Our Financial Assistance Policy

For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please contact Patient Accounts at (765)485-8060. Our normal business hours are Monday thru Friday, 8:00 a.m. – 4:00 p.m. You may leave a voice message if you need to contact us after normal business hours. Walk in hours are 8:00 am to 4:30 pm. Monday thru Friday.

Mail completed application to:

Witham Memorial Hospital  
ATTN: PFS Department  
PO Box 1200  
Lebanon, IN 46052

Or drop application off directly to Patient Accounts Office during normal business hours or you may fax application to: (765)485-8069.