



Hendricks Regional Health provides financial assistance to eligible patients for emergency or medically necessary care based upon Federal Guidelines.

Who is eligible for Financial Assistance? Patients who receive emergency or medically necessary care in our inpatient, outpatient or emergency departments and who meet the Financial Assistance Guidelines. Services billed by the Hendricks Regional Health Medical Group are also eligible for financial assistance.

If your yearly combined Household Income is less than the amount listed by your Household Size, you may be eligible for Financial Assistance with your unpaid bill:

<b>Household Size</b>	<b>Household Income</b>
1	\$ 45,960
2	\$ 62,040
3	\$ 78,120
4	\$ 94,200
5	\$110,280
6	\$126,360

We offer an automatic 33% discount from total charges to uninsured patients for emergency or medically necessary care. This is called the Amount Generally Billed discount.

Where do I get a Financial Assistance Application? An Application is available online at [www.hendricks.org/BillPay](http://www.hendricks.org/BillPay); at Hospital Inpatient/Outpatient/Emergency Department Registration desks; at Hospital Patient Financial Services at the East Entrance of the Hospital, 1000 East Main Street Danville, Indiana; or by calling (317) 745-3534 for an Application to be sent to your home at no charge.

How Do I Apply for Financial Assistance? The Application needs to be completed and all of the documentation requested must be copied and returned. Applications with all requested documentation can be mailed or hand-delivered to: *Patient Financial Services, Hendricks Regional Health, P.O. Box 409, 1000 East Main Street, Danville, Indiana 46122*. Patient Financial Services is at the East End of the Hospital.

How is Financial Assistance Eligibility Determined? After a completed Application and all necessary documents are submitted, the Application will be reviewed. Depending on the Application, other supporting documentation may be requested or an in-person meeting may also be scheduled by the Hospital. Patient will be notified in 30 days after the Application is completed if assistance is awarded, and if so, how much is awarded. A Patient can Appeal this determination.

What number do I call if I have a question? Please call (317) 745-3534 with all questions.