

# Financial Assistance Policy

## *Plain Language Summary*

Hendricks Regional Health (HRH) Financial Assistance Policy (FAP) exists to provide eligible patients, partially or fully – discounted emergent or medically necessary care. Patients who seek Financial Assistance must apply for the program, which is summarized below.

**Eligibility** – Residents of Hendricks County and surrounding primary service areas are eligible to apply. Emergent or medically necessary healthcare services provided by Hendricks Regional Health, both hospital and physician practices may be covered under FAP. Other services such as pathology, ER physicians and radiology are examples of services that may not be eligible under the HRH Financial Assistance Policy. It is the patient’s responsibility to contact each service provider to inquire about participation with Hendricks Regional Health’s FAP.

### FAP Requests and Application Process

- First, obtain a free financial assistance application and copy of the FAP by contacting us in a method described below. You may also seek help with completing an application by contacting us
  - **In person:**
    - Patient Financial Services 252 Meadow Dr. Danville, IN 46122
    - Admitting area or Emergency department-Hendricks Regional Health hospital locations in Danville and Brownsburg
  - **By phone** at 317.745.3534
  - **Online** at [www.hendricks.org/financialassistance](http://www.hendricks.org/financialassistance)
- Submit (via mail or in person) completed applications and supporting documentation, as outlined in the application instructions, to:
 

Hendricks Regional Health  
Patient Financial Services  
252 Meadow Drive  
Danville, IN 46122
- Application Period – A completed application packet (application and all required documents) will be accepted for 240 days from the date of the first post discharge statement of eligible services
- Incomplete applications cannot be processed. Accounts will be pended, and applicants will be notified in writing and given 30 days from the date of the notification to submit the required documentation.

**Determination of Financial Assistance Eligibility** – Hendricks Regional Health uses the Federal Government’s Federal Poverty Guidelines (FPG) as a base for our FAP eligibility determination. Eligible persons will have their care fully or partially covered and will not be billed more than Amounts Generally Billed (AGB) to insured persons as defined by IRS Section 501(r).

| Household Size | Household Income | Household Size | Household Income |
|----------------|------------------|----------------|------------------|
| 1              | \$51,520         | 5              | \$124,160        |
| 2              | \$69,680         | 6              | \$142,320        |
| 3              | \$87,840         | 7              | \$160,480        |
| 4              | \$106,000        | 8              | \$178,640        |

**Questions:** Please call us at 317.745.3534, M-F 8:30-4:30