

HENDRICKS REGIONAL HEALTH
2016 FINANCIAL ASSISTANCE GUIDELINES UNINSURED
AND UNDERINSURED PATIENTS

Hendricks Regional Health Inpatient & Outpatient Services								
	Care at No Charge			Care at Partial Charge				AGB Uninsured Discount
Household Size	0%-100%	101%-150%	151%-200%	201%-250%	251%-300%	301%-350%	351%-400%	>400%
1	\$11,770	\$17,655	\$23,540	\$29,425	\$35,310	\$41,195	\$47,080	
2	\$15,930	\$23,895	\$31,860	\$39,825	\$47,790	\$55,755	\$63,720	
3	\$20,090	\$30,135	\$40,180	\$50,225	\$60,270	\$70,315	\$80,360	
4	\$24,250	\$36,375	\$48,500	\$60,625	\$72,750	\$84,875	\$97,000	
5	\$28,410	\$42,615	\$56,820	\$71,025	\$85,230	\$99,435	\$113,640	
6	\$32,570	\$48,855	\$65,140	\$81,425	\$97,710	\$113,995	\$130,280	
7	\$36,730	\$55,095	\$73,460	\$91,825	\$110,190	\$128,555	\$146,920	
8	\$40,890	\$61,335	\$81,780	\$102,225	\$122,670	\$143,115	\$163,560	
Hospital Discount	100%	100%	100%	80%	70%	60%	50%	33%
Hendricks Regional Health Medical Group								
Office Visit Discount	70%	60%	50%	40%	40%	40%	40%	33%
1) Financial Assistance for the Uninsured is based on total charges. 2) Financial Assistance for the UnderInsured is based on balance due.								