



www.chwchospital.org

COMMUNITY HOSPITALS AND WELLNESS CENTERS

433 W. High St. Bryan, OH 43506-1690 Ph (419)636-1131 Fax (419)636-5781
121 Westfield Drive Archbold, OH 43502-1061 Ph (419)445-4415 Fax (419)636-5781
909 E. Snyder Ave. Montpelier, OH 43543-1251 Ph (419)485-3154 Fax (419)636-5781

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS COMMUNITY HOSPITALS AND WELLNESS CENTERS

Community Hospitals and Wellness Centers offers two programs to provide eligible patients with partially or fully discounted emergency or medically necessary medical care.

Program Summaries: The first program is part of the Hospital Care Assurance Program (HCAP) through the State of Ohio, which mandates that hospitals offer free care to patients living in Ohio and whose annual income is at or below the federal poverty level. The second program, which was established by CHWC, is available for patients with income up to three times the federal poverty level.

Eligibility Requirements: Patients with gross income at or below poverty level, who complete a financial application within 3 years of the date of service, will be considered for HCAP write off. Patients with gross income above poverty level, who complete a financial application within 240 days of the 1st statement date, will be considered for a discount on charges not paid/covered by Health Insurance, Health Savings or Spending Accounts, or other 3rd parties responsible for payment.

Eligible Discounts: Patients meeting income guidelines for HCAP will receive a full write off of eligible charges. Patients eligible for charitable assistance will receive a minimum discount to reduce the patient balance to no more than the ‘Amount Generally Billed’ for all commercial & Medicare insured patients. Following are the discount percentages based on the Federal Poverty Levels.

101% - 200% of FPG	= 100% adjustment
201% - 250% of FPG	= 75% adjustment
251% - 300% of FPG	= 50% adjustment

Cash assets (bank accounts) and outstanding expenses may also affect the final charity discount percentage.

Spanish Version: In compliance with the 5-percent/1000 person threshold under the HHS guidance safe harbor and 501r regulations, the Spanish versions of the FAP, financial application and Plain language summary are also available at all hospital locations and on the hospital website.

How to Apply: A financial application and this Plain Language Summary are given to patients during the registration process. Financial applications may also be requested by calling the Patient Accounts office at 419-630-2149 or emailing a request to billing@chwchospital.org. Applications can also be picked up at the admissions office of all 3 locations, or downloaded and printed from the hospital website listed above, at the following URL: <https://www.chwchospital.org/patient-services/chwc-financial-assistance/>. Completed applications can be dropped off at the admissions office or mailed to:

CHWC Patient Accounts
433 West High Street
Bryan, OH 43506

Financial Assistance Policy: Copies of the Financial Assistance Policy are available at the admissions area of all 3 locations and in the Patient Accounts Office at the Bryan location. You may contact Patient Accounts at 419-630-2149, Monday through Friday 7:00 a.m. to 4:30 p.m., to request a copy of the Policy or for further questions regarding the hospital Financial Assistance Policy and billing process. You may also email your questions to: billing@chwchospital.org.

Prompt Pay Discount: Patients not eligible for an HCAP/charity discount may be eligible for a prompt pay discount if the full balance is paid within 30 days of the 1st statement date. Contact must be made with the Patient Accounts Office at the phone # or email listed above to be eligible for the prompt pay discount.

CHWC will make contact with uninsured patients to offer assistance in determining eligibility for State, Federal or Hospital programs. A hospital Social Workers is available to assist patients with the Medicaid application process. Following is contact information for assistance with your Medicaid application:

CHWC, 909 E Snyder Ave, Montpelier, OH 43543
Phone # 419-485-2139, option 2