

Dear Patient:

Financial assistance is available for hospital expenses to individuals with income at or below the federal poverty guidelines. Eligibility is based on income and the federal poverty guidelines shown below.

<u>FAMILY SIZE</u>	<u>FEDERAL POVERTY INCOME GUIDELINES</u>	<u>150% LEVEL</u>
1	\$14,580	\$21,870
2	19,720	29,580
3	24,860	37,290
4	30,000	45,000
5	35,140	52,710
6	40,280	60,420
7	45,420	68,130
8	50,560	75,840

For family units with more than eight (8) members, add \$5,140 for each additional member.

You are also eligible for financial assistance if you currently received Disability Assistance (DA). To claim this benefit, you must send us a copy of your DA card or call us with your card number and effective/expiration dates.

In order for us to assist you with the application process, please contact the Customer Service Representatives at (330) 332-7601.

Upon reviewing your information, we will notify you of your eligibility.

ONLY HOSPITAL CHARGES WILL BE CONSIDERED FOR FINANCIAL ASSISTANCE. PHYSICIAN CHARGES MUST BE DISCUSSED WITH THE PHYSICIAN OFFICE BILLING MANAGER.

If you have any questions, please call (330) 332-7601

Thank you.

Salem Regional Medical Center

Effective 1/30/23