



Summary of Financial Assistance

Our General Financial Assistance Policy

Under our facility’s Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care as defined by CMS. If you are an uninsured Indiana or Michigan resident, you must reside in our Total Service Area to be eligible for Level 1 assistance. Applicants residing in our Level 1 Service Area who are insured are eligible for Level 1 Ins assistance. Applicants residing in our Level 2 Service Area are eligible for our Level 2 discounts. All applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representatives to be eligible for assistance under our financial assistance policy. If you are eligible for financial assistance under our policy, you will receive free or other discounted assistance according to the following sliding scale:

Annual Family Income	Level 1 Discount	Level 1 Ins Discount	Level 2 Discount
≤ 200% FPG	100%	90%	50%
201% - 250%	80%	70%	40%
251% - 300%	70%	60%	35%
301% - 350%	60%	50%	30%
351% - 400%	50%	40%	25%

To Apply for Assistance

1. Obtain our Financial Assistance Application
2. Complete application and submit to Goshen Hospital with supporting documents as listed in the “*Financial Assistance Required Documentation*” paperwork. For timely processing, please return documents within 14 days.
3. Complete applications will be processed within 3-4 weeks of receipt
4. A determination letter will be mailed to you once your application has been processed
5. If approved, applications will be valid for 1 year from the date of application.

Charges Will Not Exceed Amounts Generally Billed

If you receive an award of financial assistance under our policy and your award does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having insurance.

How to Obtain Copies of our Financial Assistance Policy and Financial Assistance Application

You may obtain a copy of our Policy and the Financial Assistance Application Form through one of the following:

- i. On the Goshen Health website at www.GoshenHospitalFinancialAssistance.com
- ii. At the point of registration, in our emergency department, or in any of our Financial Advocate or Cashier Offices
- iii. If you contact a Financial Advocate or Customer Service Representative, we will mail you a copy of our Financial Assistance Policy and Application Form free of charge.

How to Obtain Information and Assistance Regarding our Financial Assistance Policy

For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please contact our Financial Advocates located near the Main Lobby in our facility at 200 High Park Avenue, Goshen, Indiana. Or you can contact a Financial Advocate at (574) 364-2607 or toll-free at (888) 507-7462.

Copies of our Financial Assistance Policy, Application Form and this Summary are available in English and Spanish.

Copias de nuestra política de asistencia financiera, formulario de solicitud y este sumario están disponibles en inglés y español.