Wayne HealthCare Financial Assistance Application (HCAP)

Please return within 15 Business Days

Patient Name: _____ Social Security #: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Telephone #: (_____) _____ Cell #: (_____) _____

Date(s) of Hospital Service: _____ Physician Service: _____

Employer: _____ Employer Contact: _____

Last Date of applying for Medicaid Assistance: ____/____/_____

Were you an Ohio resident at the time of service was rendered? (•) Yes ( ) No Must be Ohio Resident

Do you have any health insurance including Medicaid? ( ) Yes (•) No List:

Were you an active recipient of ODJFS Disability Assistance at the time of hospital service? (Please attach Card copy)

Please list **PATIENT and IMMEDIATE FAMILY** only, which consist of **SPOUSE, NATURAL or ADOPTIVE CHILDREN** under Age 18. If The Patient is of age 18, then they would be considered their own applicant with their income only.

Patient and Family Members Names	Date of Birth	Relationship to Patient	Family Members Names	Date of Birth	Relationship to Patient
(patient)		Self			

Please provide 13 Weeks (3 Months) income prior to Hospital date or 12 month income prior to hospital date of services:

Salaries (combined)	$	Farm or Self Employed	$	Income 3 Mons
Child Support	$	Military Family Allotment	$	Prior to service date
Alimony	$	Pensions/Veterans Benefits	$	$_____
Public Assistance	$	Unemployment Compensation	$	
Social Security	$	Workman's Compensation	$	Income 12 Mons
Rental Income	$	Other$ - Please Explain	$	Prior to service date
Grants/Investments	$			$_____
Total persons in family		Total Family Income $_____		

*If you report $0.00 income, please provide a brief explanation of how or whom is providing your financial needs

_____

To the best of my knowledge, I attest that the information I have provided is complete and accurate.

_____ _____

Signature of Applicant Date

_____

Hospital Use Only

Effective January 16, 2025. you and your family members may be eligible for free hospital services if your income falls below the state poverty guidelines within the last 3 years. Application valid for 30 days on Inpatient Services OR valid for 90 days on Outpatient Services

Family Size	Guidelines	Family Size	Guidelines
1	$15,650.00	5	$37,650.00
2	$21,150.00	6	$43,150.00
3	$26,650.00	7	$48,650.00
4	$32,150.00	8	$54,150.00
		With More Than 8	Add $5,500.00 For Each Additional Person

Wayne HealthCare
Attn: Financial Counselor
835 Sweitzer Street
Greenville, Ohio 45331
Ph: 937-547-5770 or 800-589-2963
Fax: 937-547-5789

Family Size: _____ Income for 12 months: _____ Denied: _____

Approved HCAP: _____ Approved Charity Percentage: _____ Approval or Denial Letter Mailed: Yes or No

Hospital Representative: _____ Date: _____Rev: d: 01/17/2025

Financial Assistance is available to Wayne Healthcare Patient's.

Thank you for choosing Wayne HealthCare for your healthcare services. We offer financial assistance programs to meet the needs of our patients. A translator service is available.

YOU MAY BE ELIGIBLE TO RECEIVE FREE OR DISCOUNTED CARE: By completing our financial assistance application, this will help Wayne HealthCare determine if you are eligible for free or discounted services. Please complete the application and submit it to the hospital in person, by mail, or by fax (937-547-5789) to apply for the free or discounted care. In completing and signing the application, you acknowledge that you made a good faith effort to provide all information requested in the application to assist Wayne HealthCare in determining your eligibility for financial assistance.

An individual who is eligible for financial assistance may not be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance coverage. Please refer to the full policy for complete details.

Program	**Available to**	**Description**	**How to apply**
Financial Assistance	Uninsured & Insured Patients	Offers free care or discounted care based on family size and income according to the Federal Poverty Guidelines • Free care up to 100% FPG • Discounted care 101-200% FPG	Complete the Financial Assistance Program Application
Payment Plan Program	Uninsured and Insured Patients	Assists patients with their financial obligations by establishing monthly payment arrangements.	Contact a Financial Counselor at 937-547-5770
Uninsured Self –Pay Full Payment Discount	Uninsured Patients	Effective January 01, 2019 regardless of date of service. Offers a 25% discount when paying 30 days after receiving statement.	Contact a Financial Counselor at 937-547-5770

Effective January 16, 2024. You and your family may be eligible for free hospital services, if your income falls at or below poverty income guidelines within the last 3 years.

Family Size	**Guidelines**	**Family Size**	**Guidelines**
1	$15,650.00	5	$37,650.00
2	$21,150.00	6	$43,150.00
3	$26,650.00	7	$48,650.00
4	$32,150.00	8	$54,150.00
		With More Than 8	Add $5,500.00 For Each Additional Person

If more than 8 persons, add $5,380.00 for each additional person.

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To help us determine if you are eligible for assistance, please complete, sign, date and return the application along with statement of income completed. An individual that is approved for financial assistance may not be charged more than the AGB for emergency or other medically necessary care. **THE APPLICATION IS ON THE BACK SIDE OF THE STATEMENT.**

1. If you report zero income, please provide a brief explanation stating how you are living and if someone else is supporting you. We need to know how long you have been unemployed and if you have applied for Medicaid or a Medicaid program.
   Return completed form and supporting documents to: Wayne HealthCare Attn: Financial Counseling, 835 Sweitzer Street, Greenville, OH 45331
   We will respond to you within 15 days of receiving your completed application and supporting documents. If you have any questions or need additional assistance, please contact us at 800-589-2963, extension 6947, or 937-547-5770. Our fax number is 937-547-5789. Additional information is available on our website at: www.waynehealthcare.org. **Emergency Room Physicians, Radiologists and Anesthesiologist charges are not a part of Wayne HealthCare's Financial Assistance Program.**