

Approved Date: _____ Approved % _____

Reconsideration Date: _____ Approved % _____

- No cards - 1 time exception
- No cards - currently on MA
- Cards to adults in household only: Children on MA.

Denied Date: _____ Over Income Non Compliant
 Other Reason

Financial Counselor: _____ Date: _____

Director Patient Financial Services: _____ Date: _____

VP Finance: _____ Date: _____

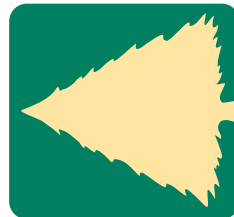
- Please complete the application.

- In order to process your application we do require supporting income information. Please enclose this with your application. We will work with you to assess your qualifications for the program based on information supplied to Ephrata Community Hospital. Please understand we will not share the information you provide - this information is for qualification purposes only.

- If you have any questions about completing the application or are not sure if you qualify, please contact our Customer Service Department at (717) 738-6261 from 8:00 am - 4:00 pm, Monday-Friday.

Mail application and documentation to:

Ephrata Community Hospital
 Customer Service Department
 169 Martin Avenue
 P.O. Box 1002
 Ephrata, PA 17522-1002



**Ephrata
 Community
 Hospital**



**Ephrata
 Community
 Hospital**

169 Martin Avenue, Ephrata, PA
 717-733-0311 • www.ephratahospital.org

“ECH CARES” is a program designed to help eligible persons cover the costs of healthcare services. For more information, call (717) 738-6261.



ECH CARES Program

A Letter to Our Patient About the “ECH Cares” Discount Program

Dear Patient,

Ephrata Community Hospital has created the “ECH Cares” discount program to help patients that are **unable** to pay or have limited resources to pay their hospital bills.

“No healthcare insurance & cannot afford to pay for your services?”

- When you have **NO INSURANCE** and are not eligible for Medical Assistance you may qualify to either have your hospital bill fully paid or reduced by the “ECH Cares” discount program.

“You have insurance with copays, coinsurance and deductibles?”

- When you **HAVE INSURANCE** but have **COINSURANCE OR DEDUCTIBLES** that you can’t afford, “ECH Cares” may be able to pay them for you.

EXCLUSIONS:

- **Hospital services not covered: Plastic, Bariatrics, and Any Maintenance Programs (i.e., cardiac and respiratory). Does not cover services that must be sent outside of the hospital system. (ie: Reference Labs)**

- **Northern Lancaster County Medical Group (NLCMG):** Copays are **not** part of the ECH Cares Discount Program. These will still be collected at all Hospital owned practices at the time of service.

- **EME Medical Equipment and Home Care Supplies services not covered: Power Lift Chairs and Power Mobility Equipment (Scooters, Van lifts, Power wheel chairs, etc.)**

QUALIFICATIONS: Please see the attached application for required supporting documentation.

- Please note your supporting documentation will not be shared with anyone - this is used for qualification purposes only.

- Please make sure all supporting documentation is attached to your application. If you do not provide all the information, a delay in the processing of your application will occur.

- Liquid Asset value could be used by Ephrata Community Hospital as a out of pocket assessment in order for you to qualify for this discount program you may be responsible for a percentage of your total balance before the discount program will cover your remaining balances.

- If you have any questions about completing the application, please contact our Customer Service Department at (717) 738-6261 from 8:00 AM-4:00 PM, Monday-Friday.

Thank you for choosing Ephrata Community Hospital for your healthcare needs.



**Ephrata
 Community
 Hospital**

“ECH Cares” is a program designed to help eligible persons cover the costs of healthcare services.

For more information on how to qualify, please read the “Letter to the Patient” on the reverse side of this brochure.

If you need assistance completing your application, please call the Customer Service Office at (717) 738-6261.

The Customer Service Office is open for telephone calls and walk-ins from 8:00 AM-4:00 PM, Monday-Friday.

“ECH CARES” PROGRAM

Eligibility Information

Please see the following table to determine your “ECH Cares” discount percentage:

Family Size	INCOME RANGE			
	**2012 Federal Poverty Guidelines	Category A Income at 200% 100% Reduction	Category B Income at 250% 67% Reduction	Category C Income at 300% 33% Reduction
1	\$11,170	\$22,340	\$27,925	\$33,510
2	\$15,130	\$30,260	\$37,825	\$45,390
3	\$19,090	\$38,180	\$47,725	\$57,270
4	\$23,050	\$46,100	\$57,625	\$69,150
5	\$27,010	\$54,020	\$67,525	\$81,030
6	\$30,970	\$61,940	\$77,425	\$92,910
7	\$34,930	\$69,860	\$87,325	\$104,790
8	\$38,890	\$77,780	\$97,225	\$116,670
Additional Persons	\$3,960	\$7,920	\$9,900	\$11,880

If your family income is less than or equal to the amount in Categories A, B, C, you are eligible for no cost or reduced cost healthcare services.

The patient’s share of charges is as follows:

Category A: 0 % Category B: 33 % Category C: 67 %

**This criteria is defined by the Department of Health and Human Services.

Tear here

“ECH CARES” PROGRAM APPLICATION

Patient Name: _____ Date of Birth: _____

Home Address: _____ Street _____ City/State _____ Zip _____

Telephone Number: Home _____ Cell _____ Best Time to Call? _____

Household Members – (Include only household dependents)

Please attach additional sheets of paper if household has more than five members.

Name: _____ Relationship: _____ DOB: _____
 1. _____ Self _____
 2. _____
 3. _____
 4. _____
 5. _____

Monthly Gross Household Income Received

Wages/Salaries (before taxes): _____ Pensions/Annuities: _____
 Social Security: _____ Other Disability: _____
 SSI: _____ Cash Assistance: _____
 Unemployment Compensation: _____ WC Compensation: _____
 Child Support: _____ Spousal Support: _____
 Veteran’s Administration (VA) benefits: _____
 Other Unearned Income (Includes Trusts, Interest/Dividends, etc.) _____

Household Countable Resources

Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRA, 401 (k) accounts and other non-liquid assets.

Certificates of Deposit: _____ Stocks or Bonds: _____
 Trust Fund: _____ Savings Account: _____
 Checking Account(s): _____ Savings Certificate: _____
 US Savings Bonds: _____ Christmas/Vacation Club: _____
 Health Savings Account (HSA) funds: _____
 Other (please explain): _____

Verification of Income and resources must accompany application (Please attach the following if applicable):

Attached: _____
 Y N N/A 5 current Pay Stubs for each working applicant.
 Y N N/A Award letters showing deposits of Social Security, other disability, pension, worker’s compensation, or unemployment compensation payments.
 Y N N/A 5 current Checking and Savings Statements showing all deposits.
 Y N N/A Child/Alimony Supporting documentation.
 Y N N/A Documentation of other sources of income.
 Y N N/A If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide.

Have you applied for Medical Assistance? Y or N If Yes, please attach notice. _____

I certify that the information I have provided is true and accurate. I understand that any false information or not giving complete information will void this application. I also understand that this information may be shared with my Community Deacon if I am a member of the Plain Community. I’m also aware that Ephrata Community Hospital may use my credit report to make a determination for this discount program.

Applicant’s Signature _____ Date _____

See reverse side for further information.