

“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



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



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 and Bariatrics services**

• **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.

“TECH CARES” PROGRAM
Eligibility Information

“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.

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

INCOME RANGE				
Family Size	**2011 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	\$10,890	\$21,780	\$27,225	\$32,670
2	\$14,710	\$29,420	\$36,775	\$44,130
3	\$18,530	\$37,060	\$46,325	\$55,590
4	\$22,350	\$44,700	\$55,875	\$67,050
5	\$26,170	\$52,340	\$65,425	\$78,510
6	\$29,990	\$59,980	\$74,975	\$89,970
7	\$33,810	\$67,620	\$84,525	\$101,430
8	\$37,630	\$75,260	\$94,075	\$112,890
Additional Persons	\$3,820	\$7,640	\$9,550	\$11,460

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.