FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

Community Rehabilitation Hospital serves the medical needs of the community, regardless of race, creed, color, sex, national origin, sexual orientation, handicap, age, ability to pay, or any other classification or characteristic.

We recognize the need to provide care to the sick that do not have the ability to pay. Patients who meet the requirements of our Financial Assistance Program can receive medically necessary healthcare services at a significantly reduced cost based on verified financial need. Community understands and honors the need to maintain the dignity of the patient and family during the application process.

Patients who identify themselves as unable to pay all or a part of their medical care have the right to request financial assistance. An application process is consistently followed to determine if patients meet the requirements of the Financial Assistance Program, or if they may qualify for other forms of assistance. Financial assistance is not considered a substitute for personal responsibility. Patients are expected to cooperate with Community's procedures and fulfill the documentation requirements needed to qualify for the assistance program. In addition, patients are expected to contribute to the cost of their care based on their ability to pay. Individuals who have the financial ability are encouraged to purchase insurance to ensure access to future healthcare services, protect their overall health and protect their assets.

Although other factors, such as bankruptcy, catastrophic healthcare expenses, household assets, etc., are sometimes considered, the primary qualification for financial assistance is household size and household income compared to the annually adjusted federal poverty line. A household consists of head of household, spouse and all "dependents" as defined by federal IRS guidelines. The following table shows the financial assistance level that patients may qualify for under Community's Financial Assistance Program.

Individuals eligible for financial assistance will not be charged more for emergency or other medically necessary services than the amounts generally billed to individuals who have insurance covering such services.

Community Health Network Financial Assistance Table 2020

% of Federal Poverty Line		<200%	201-225%	226-250%	251-275%	276-300%	>300%
Financial Assistance Level		100%	90%	80%	70%	60%	0%
Household Size	**Federal Poverty Line**	**Monthly Household Income Range**					
		Equal to or Less	**Between**	**Between**	**Between**	**Between**	**Equal to or Greater**
1	$1,063	$2,127	2,128-2,393	2,394-2,658	2,659-2,924	2,925-3,190	3,191
2	$1,437	$2,873	2,874-3,233	3,234-3,592	3,594-3,951	3,952-4,310	4,311
3	$1,810	$3,620	3,621-4,073	4,074-4,525	4,526-4,978	4,979-5,430	5,431
4	$2,183	$4,367	4,368-4,913	4,914-5,458	5,459-6,004	6,005-6,550	6,551
5	$2,557	$5,113	5,114-5,753	5,754-6,392	6,393-7,031	7,032-7,670	7,671
6	$2,930	$5,860	5,861-6,593	6,594-7,325	7,326-8,058	8,059-8,790	8,791
7	$3,303	$6,607	6,608-7,433	7,434-8,258	8,259-9,084	9,085-9,910	9,911
8	$3,677	$7,353	7,354-8,273	8,274-9,192	9,193-10,111	10,112-11,030	11,031
Each Additional	$373	$747	748-840	841-933	934-1,027	1,028-1,120	1,121

The following table shows the Financial Assistance level that patients may qualify for under Community's Financial Assistance program.

Household income is calculated on a gross income basis before taxes, deductions and withholding and includes all sources of income such as wages, salaries, tips, pension, social security, rent, royalties, disability, alimony, child support, unemployment, etc. Income for all members of the household must be included in your calculation. It is important that you accurately estimate your income. Before granting Financial Assistance we will verify your household size and income through external data bases, tax returns, bank statements, vouchers, pay stubs and other relevant documentation as required.

This table is updated annually in accordance with the most recently published Federal Poverty Line.