



Summary of Financial Assistance

Ohio Hospital Care Assurance Program (HCAP)

As a participant in the HCAP Program, we offer emergency and other medically necessary hospital-level services free of charge if you are a resident of Ohio and either (1) you are currently an eligible recipient of the General Assistance or the Disability Assistance Programs or (2) your income is at or below 100% of the Federal Poverty Guidelines (FPG).

Helping Others Pay Expenses (HOPE)

If you do not qualify for free care we will discount or reduce your emergency and medically necessary care on a sliding scale. To be eligible you need to be an Ohio resident and your income must be at or below 200% of the Federal Poverty Guidelines (FPG).

A completed Financial Assistance Application is necessary to determine your eligibility for free care or discounted care. An application can be obtained as follows:

- At any of our Registration areas
- From any Patient Financial Representative
- At our Cashier window
- In our Hospital Emergency Room
- At our website – www.vanwerthospital.org under Patient Info, Printable Forms
- On the back of your billing statement
- By calling 419-238-8646 and speaking to the Financial Counselor

When completing your application, it is important that you complete all information to the best of your ability.

The following basic information is required in order to process your application:

- Name
- Address
- Phone Number
- Date of Birth
- Insurance information, if applicable
- Number of family members (including patient's spouse and all of the patient's natural or adoptive children under the age of 18 that live in the home; and for minors, both parents, regardless if they both reside in the home).
- Gross family income for 12 months before service and monthly gross family income for 3 months before service.

We may also need documents to verify family income. The Patient Financial Counselor will let you know in writing if you will need to provide this or you may call 419-238-8646 and ask prior to completing the application.



If you report no income, we will also need a statement of how you meet your daily needs.

Please keep in mind that this information is confidential and is only used for the purpose of determining your discount. We want to help you qualify for the highest discount possible. The more information that you are able to provide to us, the better we can assist you.

If you do not meet the income guidelines and still have difficulty paying your bill, you may be eligible for a payment plan. Please contact the Patient Financial Counselor at 419-238-8646 for assistance.

Completed applications can be returned to the Cashier window or by mailing to:

Van Wert County Hospital
Attn: Patient Financial Counselor
1250 S. Washington St.
Van Wert, Ohio 45891

As a patient you may also receive billing statements from outside providers that were involved in your care. Below is a list and whether Van Wert County Hospital's Financial Assistance policy covers their billing statements.

EmCare (Emergency Room Physician) – Our policy **does** cover their billing statement.
Phone: 800-355-2470

Fort Wayne Radiology – Our policy **does not** cover their billing statement.
Phone: 888-929-7811

Clinical Colleagues (Anesthesia Services) – Our policy **does not** cover their billing statement.
Phone: 866-902-4406

Physician Statements: You will receive a bill from the physician that followed your care while in the hospital.
Our policy **does not** cover their billing statement.
Phone: Please contact the number on the physician's billing statement.

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

Copias de nuestra Política Financiera Asistencia , formulario de solicitud , y este resumen están disponibles en Inglés y Español