

COMMUNITY CARE GUIDELINES

The Ellwood City Hospital

You may be eligible to receive services at The Ellwood City Hospital at a lesser charge, or free of charge, if your family unit falls into one of the following income guidelines. A family unit is defined as one or more persons related by birth, marriage, or adoption that live together. Your family unit income must be at or below the amount listed in the table to be eligible for a reduction in service charges.

Income Includes, but is not limited to, all of the following: wages and salaries before deductions, net income from self employment, social security, retirement income, unemployment compensation, worker's compensation, disability compensation, pensions, strike benefits, public assistance, alimony, child support, dividends, interest, rental income, gambling and lottery winnings, etc. We need to know total **household** income from **ALL** sources.

Liquid assets include but are not limited to all of the following: Cash, bank accounts, certificates of deposit (CD), and investments in publicly traded securities (stocks and mutual funds), annuities and /or trust funds will also be considered when determining eligibility under this program.

Eligible Services: those services not covered by any other third-party insurance coverage.

Below are income guidelines for the **Community Care** program. If you feel that you may be eligible for services under the Community Care program, please complete the application included with this information sheet and return it: Ellwood City Hospital, ATTN: Business Office, 724 Pershing Street, Ellwood City, PA 16117. The application may also be dropped off at the Business Office or any of the registration stations.

INCOME GUIDELINES (2017 Poverty Guidelines (PG) times the applicable percentage below)
(EFFECTIVE March 01, 2017)

FAMILY SIZE	Family Income Limits @ 300% of PG	Family Income Limits @ 350% of PG	Family Income Limits @ 400% of PG
1	\$36,180	\$42,210	\$48,240
2	\$48,720	\$56,840	\$64,960
3	\$61,260	\$71,470	\$81,680
4	\$73,800	\$86,100	\$98,400
5	\$86,340	\$100,730	\$115,120
6	\$98,880	\$115,360	\$131,840
7	\$111,420	\$129,990	\$148,560
8	\$123,960	\$144,620	\$165,280
For each additional family member , ADD ...	\$12,540	\$14,630	\$16,720
REDUCTION	100%	90%	80%
<p>Applications with assets are subject to management approval on a case by case basis. The approval of a Community Care application is limited to medically necessary services provided by The Ellwood City Hospital, and does not apply to private physicians (including, but not limited to, radiology, anesthesiology, pathology and emergency department services), dental services, cosmetic services, prescriptions, or personal items such as television or telephone service.</p>			



Community Care Application

Please complete the form below, and return it with all **REQUIRED** supporting documentation, within 30 days, to: **Business Office Manager, Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117.** Required documentation not provided will result in a denied application.

Applicant Information:

Applicant Name	Address
Applicant Last 4 Digits of Social Security Number:	Phone Number (indicate home, work or cell):
Marital Status:	Number of Dependents (including the applicant)

Insurance Information – Primary:

Primary Insurance Name:	Address:
Policy Number:	Group Name/Number:
Subscriber Name:	Subscriber Number:

Insurance Information – Secondary:

Secondary Insurance Name:	Address:
Policy Number:	Group Name/Number:
Subscriber Name:	Subscriber Number:

*If you have more than two (2) insurance policies, please note the additional at the end of this form.

Household Member Information:

	Name	Relationship	Age
1			
2			
3			
4			

Monthly Household Income (include supporting documentation):

Gross Wages/Salaries, per Month (include a copy of the most recent three months of check stubs):	Pensions:
Social Security/SSI:	Disability Income:
Unemployment Compensation:	Workers Compensation:
Child Support:	Spousal Support:
VA Benefits:	Annuities:
Unearned Income*:	

*Includes Trusts, Interest/Dividends, etc.

Household Countable Resources:

Include all available accounts and liquid assets, which is cash or negotiable instrument that can be quickly and easily converted into cash. Do not include IRA's, 401(k)/403(b)'s or other non-liquid assets.

Certificates of Deposit:	Stocks/Bonds:
Trust Fund:	Savings Accounts:
Checking Accounts:	Savings Certificates:
US Savings Bonds:	Christmas/Vacation Clubs:
Health Savings Account (HSA) Funds:	Mutual Funds:
Money Market Accounts:	Other (please explain):

All of the following documents are REQUIRED in order to process your application. Failure to provide necessary information will result in your application being denied.

- ***Medical Assistance Denial** (required, must be recent, within 3 months)
- *Most recent **tax return** *Most recent **three pay stubs**
- ***Proof of ALL income** *Copy of **three most recent bank statements**

By my signature below, I certify the information provided is correct, true and complete, to the best of my knowledge. I understand willful falsification of information contained in this application will result in denial of charity care assistance. I acknowledge I have received a copy of, read, and understand the Community Care Guidelines of The Ellwood City Hospital. **I understand patient requested services, such as but not limited to private room, telephone, and television, are not covered under this application and are my responsibility.**

Signature _____ **Date** _____