



HOUSTON HEALTHCARE

Guidelines for Financial Assistance Effective February 2011

Financial assistance for medical services may be available to patients whose income meets the criteria listed below. In order to receive financial assistance, a patient must apply by filling out an application and providing the required information.

Family Size	2011 Federal Poverty Guidelines	DCH Annual Guideline INDIGENT	Charity Care LEVEL 1	Charity Care LEVEL 2	SLIDING SCALE Charity Care LEVEL 3		
		125%	200%	225%	250%	275%	300%
1	\$10,890	\$13,613	\$21,780	\$24,503	\$27,225	\$29,948	\$32,670
2	\$14,710	\$18,388	\$29,420	\$33,098	\$36,775	\$40,453	\$44,130
3	\$18,530	\$23,163	\$37,060	\$41,693	\$46,325	\$50,958	\$55,590
4	\$22,350	\$27,938	\$44,700	\$50,288	\$55,875	\$61,463	\$67,050
5	\$26,170	\$32,713	\$52,340	\$58,883	\$65,425	\$71,968	\$78,510
6	\$29,990	\$37,488	\$59,980	\$67,478	\$74,975	\$82,473	\$89,970
7	\$33,810	\$42,263	\$67,620	\$76,073	\$84,525	\$92,978	\$101,430
8	\$37,630	\$47,038	\$75,260	\$84,668	\$94,075	\$103,483	\$112,890
		100% W/O	100% W/O	100% W/O	70% W/O	60% W/O	50% W/O
PATIENT PAYS		0%	0%	0%	30%	40%	50%

For family units with more than 8 members, add \$3,760 for each additional member to meet the poverty guideline; \$4,675 to meet 125% of the poverty guideline.

Persons who wish to apply for financial assistance must complete and sign a financial application and provide:

- Proof of household income for last 3 months/13 weeks from all sources
- Current proof of food stamps or any government assistance program eligible for, such as housing or childcare assistance (if applicable)
- Copy of prior year 1040 Tax Return
- Proof of current balance in checking and/or savings accounts. Also, must have prior 2 months bank statements.

Applications mailed out or taken out of the hospital should be returned completed with all required verifications within 30 days. Incomplete applications will not be considered.

For more information, please call the Billing Office at (478) 975-5550 or (888) 665-2455.

HOUSTON MEDICAL CENTER
1601 Watson Boulevard
Warner Robins, Georgia 31093
(478) 922-4281

PERRY HOSPITAL
1120 Morningside Drive
Perry, Georgia 31069
(478) 987-3600