



THE BELLEVUE HOSPITAL

Quality Care, Close To Home

Hospital Financial Assistance Program

Effective for Services on or after January 17, 2024

If you feel you need financial assistance to pay your bill from The Bellevue Hospital, please review the information below.

2024 HOSPITAL CARE ASSURANCE PROGRAM

The HCAP program is a State of Ohio mandated program. HCAP provides ‘medically necessary hospital-level services’ free of charge for individuals who

- 1) are Ohio residents,
- 2) are **not** Medicaid-eligible, and
- 3) whose family income is at or below the Federal Poverty Guideline.

Active Ohio Disability Assistance recipients are also qualified.

Family Size	Income Guideline
1	\$ 15,060
2	\$ 20,440
3	\$ 25,820
4	\$ 31,200
5	\$ 36,580
6	\$ 41,960
7	\$ 47,340
8	\$ 52,720

(More than 8: Add \$ 5,380 for each additional family member.) This chart is effective for service dates on or after January 17, 2024.

2024 BELLEVUE CARE ASSISTANCE

For patients with family gross income exceeding this guideline, use the same application to apply for incremental assistance through The Bellevue Hospital ‘Bellevue Care Assistance’ Program. Charity benefit for insured patients extends to 300% of Guideline, while benefit for un-insured patients extends to 400% of Guideline.

APPLICATION GUIDE

Only one patient allowed per application. Complete insurance and residency questions, family information, and gross income calculation based on the date of service in consideration. We suggest you calculate family 3-month **and** 12-month gross income to obtain maximum benefit. (Multiply 3-month gross income by ‘4’ to compare with 12-month gross income and Guideline - the lower income calculation determines eligibility.) For HCAP purposes, ‘family’ simplified is a single person or married couple and his/her/their natural or adopted children under 18 years living in the same home.

An approved application includes out-patient services for three months. Complete a separate application for in-patient services. Applicants will receive written notification of results.

TIMELINESS AND HELP

Please contact a TBH Financial Counselor, ext. 4223 or ext. 4888, with questions. HCAP information is also available on the internet.

PROGRAM EXCLUSIONS

Self-administered drugs, home health aides, Hospice, ER physician charges, radiologists, anesthesiologists and other professional fees are excluded by this program.

Applications must be received within three years from the date of the 2nd billing statement to be considered.