



# FINANCIAL ASSISTANCE POLICY

## A Plain Language Summary

Revised 2/23/2024

Casey County Hospital District's Care Program provides financial assistance for qualifying patients who need help paying for emergency or medically necessary care they receive in a Casey County Hospital District facility or by a Casey County Hospital District provider. Patients must fill out an application and must meet the eligibility requirements listed below to qualify. Charges will be limited to an amount no greater than the amounts generally billed to individuals who have insurance covering such care.

### Indigent Care Assistance

Kentucky hospitals that provide services to individuals and families who do not qualify for Medical Assistance (i.e., Medicaid), but are low income and unable to pay their hospital bills, can receive indigent care assistance from the state.

**If you are determined eligible for the Indigent Care Program the hospital agrees not to bill you or your family for services provided.**

### Charity Care Assistance

The Casey County Hospital Board of Trustees has approved providing Charity Care Assistance to individuals and families who do not qualify for Medicaid or the Kentucky Indigent Care program, but meet the income guidelines below.

**If you are determined eligible for the Charity Care Assistance Program the hospital agrees not to bill you or your family for services provided.**

### Financial Discount Care

Even if you have insurance, if your family's income is less than the annual income limits below you may be able to receive Financial Discount Care in paying for deductibles, co-payments, or charges not covered by your insurance policy.

**Financial Discount Care will be reduced to the Amount Generally Billed.**

	Indigent Care	Full Charity Care	Financial Discount Care
Family Size	Annual Income Limit	Annual Income Limit	Annual Income Limit
1	\$15,060	\$45,179	\$45,180
2	\$20,440	\$61,319	\$61,320
3	\$25,820	\$77,459	\$77,460
4	\$31,200	\$93,599	\$93,600
5	\$36,580	\$109,739	\$109,740

### How to Qualify for Assistance

Casey County Hospital District is required to document your total family income. Gross income of all family members is counted and compared to the income limits for the appropriate family size. **You must attest to your family income and provide the necessary documentation of family income and resources.** Cash, checking and savings accounts, stocks, bonds, certificates of deposit, and money market accounts are used to determine eligibility.

### How Do I Apply?

Request to speak to a financial counselor or request an application form from any of the following sources:

- \* Casey County Hospital, 606-787-6275, ext. 151
- \* Casey County Primary Care, 606-787-8348
- \* Casey County Family Practice, 606-787-5044
- \* Download an application through Casey County Hospital's website at [www.caseycountyhospital.com](http://www.caseycountyhospital.com)

**com**

Please submit applications including all required documentation to:

Casey County Hospital Business Office  
187 Wolford Ave.  
Liberty, KY 42539

Casey County Primary Care  
187 Wolford Ave.  
Liberty, KY 42539

Casey County Family Practice  
199 Adams St.  
Liberty, KY 42539

We will review the application and notify you of the determination of your eligibility for financial assistance within 30 days of receipt.