

## COMPLETING THE APPLICATION

In order to determine eligibility for HCAP or Financial Assistance, we look at your gross income and family size as outlined OAC 5101:3-1-07.17

### Eligibility for HCAP:

1. You must be a resident of the state of Ohio.
2. You must be at or below 100% of the Federal Poverty Income Guidelines.
3. Family members include you, your spouse, and/or natural or adopted children under the age of 18 living at home.
4. Cannot be enrolled in Medicaid.

### Eligibility for FAP:

Even if you have insurance, as long as you meet our income criteria, you will be eligible for financial assistance if:

- You are uninsured, underinsured, ineligible for government assistance or unable to pay based on their individual financial situations.
- Your insurance does not provide coverage for the medically necessary services you are seeking.
- You have exhausted your lifetime maximum days.

For questions contact Aultman Patient Outreach office at 330-363-2200 or go to our website at [www.aultman.org](http://www.aultman.org). You may also contact Aultman Orrville Hospital Patient Outreach at 330-682-3010 or go to their website at [www.aultmanorrville.org](http://www.aultmanorrville.org).

If you receive medical services at Aultman or are seen by any Aultman employed physician and feel you qualify to receive these services without cost or at a reduced cost to you, please complete this application and return to:

Aultman Patient Outreach  
2600 Sixth St SW  
Canton OH 44710

**This program only covers services billed by Aultman.**

These financial assistance programs do NOT cover expenses for your non-Aultman providers (including but not limited to emergency room physician and radiologist).

**IMPORTANT:** In order to provide you with help under Aultman Financial Assistance, you are required to cooperate completely with our Financial Counselors in order to determine eligibility for medical coverage from the State.

**NOTE:** The HCAP program does not cover elective or cosmetic surgery, organ transplants, patient convenience items, take home pharmacy, physician and anesthesia charges.

**AGB:** No patient without insurance will be charged more than the average patient with insurance.

**Incomplete applications will not be considered for financial assistance.**



### Financial Assistance Programs

Under the Ohio Hospital Care Assurance Program (**HCAP**), Aultman offers basic, medically necessary hospital-level services free of charge to individuals who are residents of Ohio and whose income is at or below the Federal Poverty Income Guidelines.

In addition to the HCAP program, Aultman provides financial assistance (**FAP**) on a sliding scale to patients who do not have insurance at family income levels up to four (4) times the Federal Poverty Guidelines.

### Guidelines for FREE Care

Family Size	Income 2019	Income 2020
1	\$12,490	\$12,760
2	\$16,910	\$17,240
3	\$21,330	\$21,720
4	\$25,750	\$26,200
5	\$30,170	\$30,680
6	\$34,590	\$35,160
7	\$39,010	\$39,640
8	\$43,430	\$44,120

For each additional family member add \$4,480 for 2020.