



# Financial Assistance Policy

Let us know that you need some assistance

Financial Assistance applications and instructions are available in most registration areas of the hospital or may be obtained from our website. If you call us, we can mail you a form. If you are uninsured, you will be required to apply for Medicaid.

Program coverage

## FINANCIAL ASSISTANCE CHART

Persons in Family or Household	1/19/2026 Poverty	200% of Poverty	250% of Poverty	300% of Poverty	350% of Poverty	400% of Poverty
1	15,960	31,920	39,900	47,880	55,860	63,840
2	21,640	43,280	54,100	64,920	75,740	86,560
3	27,320	54,640	68,300	81,960	95,620	109,280
4	33,000	66,000	82,500	99,000	115,500	132,000
5	38,680	77,360	96,700	116,040	135,380	154,720
6	44,360	88,720	110,900	133,080	155,260	177,440
7	50,040	100,080	125,100	150,120	175,140	200,160
8	55,720	111,440	139,300	167,160	195,020	222,880
For each addl' person add	5,680	11,360	14,200	17,040	19,880	22,720

Hospital	0%-249%	250%-299%	300%-349%	350%-399%	400%-449%
<b>Required Payment per month</b>	Free Care	50% Free Pmts \$25	Pmts \$50 per month	Pmts \$100 per month	Pmts \$150 per month
<b>Maximum Patient Balance</b>		600	1,200	2,400	3,600

Any or all of these may be appealed to the supervisor on the financial assistance form with appropriate documentation. CFO must approve additional write-offs or payment plans extended beyond those allowed above.

Rural Health Clinic					
<b>Required Payment per month</b>	Free Care	50% free Pmts \$25	Pmts \$30 per month	Pmts \$30 per month	Pmts \$30 per month
<b>Tier 2 Required payment per month If payoff takes longer than 24 months</b>	Free Care	50% free Pmts \$30	Pmts \$40 per month	Pmts \$50 per month	Pmts \$60 per month for => 400% of Poverty
<b>High Self-Pay Threshold</b> (Write-off amount over this threshold)  Round to the nearest percent range		250%-255% = 350	256%-265% = 375	266%--275% = 400	276%-285% = 450
		286%-295% = 500	296% -305% = 550	306%-315% = 600	316%-325% = 650
		326%-335% = 700	336%-345% = 750	346%-355% = 800	356%-365% = 850
		366%-375% = 900	376%-385% = 950	386%-395% = 1,000	396% to 399% = 1,050

Any or all of these may be appealed to the director on the financials assistance form with appropriate documentation. Practice Management Officer must approve additional write-offs or payment plans extended beyond those allowed above.

Medically necessary services are covered under our financial assistance policy. However, cosmetic, bariatric, infertility and experimental services may not be covered. All existing family accounts will be considered, although those accounts over 240 days old may be excluded.

Eligibility is based on a review of your family's gross income during the past 12 months, and anticipated income for the next several months. Special circumstances may be taken into consideration on an individual basis.

### Process Timing

After you notify us of your intent to apply for financial assistance, we will allow 30 days for you to return the application and required documents. We will notify you of our decision within 14 days.

### Our Hospital Contact Information

Crawford Memorial Hospital, Business Office, 1000 N. Allen St., Robinson, IL 62454 Phone: (618) 546-2568 Fax: (618) 546-3821

### Our RHC Clinics Contact Information

CMH Clinic Billing, 1002 N. Allen St, Suite B, Robinson, IL 62454  
Phone: (618) 544-5517 Fax: (618) 546-2675

#### **Nondiscrimination statement:**

Crawford Hospital District complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-546-2657.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-546-2657.