

## FINANCIAL ASSISTANCE GUIDELINES

In order to apply for assistance through Lake District Hospital, the patient (s) must be a U.S. Citizen, a resident of Lake County, and must show verifiable proof that they have first applied for assistance with an Oregon State assistance agency (such as Oregon Health Plan, SSI or SSD) and have been denied. They must also meet the income criteria guidelines as determined by the Lake District Hospital Board of Directors.

Patient eligibility for charity care is determined by measuring family income against the income poverty guidelines established by the U.S. Department of Health and Human Services with an additional 25% variance approved by the Lake District Hospital Board of Directors. The current income requirements (including the 25% variance) are:

<b>Size of family unit</b>	<b>Monthly</b>	<b>Yearly</b>
1	\$ 1,021	\$ 12,250
2	1,375	16,500
3	1,729	20,750
4	2,083	25,000
5	2,438	29,250
6	2,792	33,500
7	3,146	37,750
8	3,500	42,000
<b>Additional – add on</b>	<b>354</b>	<b>4,250</b>

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## UNISURED PAYMENT POLICY

Lake District Hospital offers a 15% discount to uninsured patients who pay their bill in full within 90 days of the date of service. Method of payments accepted are cash, check or major credit cards. This program does not apply with any other discount program.

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## CHARITY FUND POLICY

Charity funds are limited and applications are accepted so long as funds are available. If you think you may be eligible for assistance and wish to request it, applications are available at Lake District Hospital credit office or the business office.

**Please note: Determination is based on verification of income.** Therefore a copy of the latest year's federal income tax report, or some other form of income verification, as approved by the Business Manager, must be supplied along with the completed and signed application. If you have any questions, please call the Credit Manager at 541-947-2114 ext. 296

(Revised 12/06)