

## **Application for Financial Assistance**

1.) Date of service:					
<b>2.)</b> Patient's Name:			3.) SSM	N:	
4.) Patient's Address:					
City:		Stat	te:ZIP:	Phone:	
5.) On the date of service listed	above, was the pation	ent a resid	lent of Ohio?		_Yes No
<b>6.)</b> Did the patient have health o	coverage(s) on the d	ate of serv	vice above?		Yes No
If you answered "Yes," ple	ease include a copy	of your ins	urance card(s) with your	application.	
7.) Place of Employment:					
Q. What does the State of A. Income is considered to Security (before deductions)	old?" Dusehold is limited to 18 who live in the same busehold is limited to on this application, end of Ohio consider "in to be total before-tax tions), VA benefits, and application of the below.  Relation to Patient	o the patient the	nt, patient's spouse ( <u>even</u> as the patient. nt, patient's mother, patien do not live together.	if living apart) and patient's nt's father and patient's including employment, including employment, repensation, pension / re	ent's biological or legall siblings under 18. <u>Bot</u> unemployment, Social tirement income, OWF uld be listed on
	Self				
9.) Support Statement:  IF YOU ATTESTED THAT  Must state how the household w				he 3 months prior to t	<b>he date of service</b> , yo

The 340B program is federally directed with the intent to stretch resources as far as possible. The 340B Pharmaceutical Discount Program allows the entity to receive medications at a reduced cost. To be eligible for the program you must be an **active** patient of Adams County Regional Medical Center. Eligibility is based on household income and size according to the Federal Poverty Guidelines. The program is **only** available at Blake Pharmacy West Union, <u>and not at any other pharmacy</u>.

Due to conflicting programs, patients with Medicaid are not eligible for the 340B program. OVER FOR SIGNATURE

Please indicate if you	and your family members	would like to be considered for the	his program:
	Yes	No	
' '	· ·	ed Services you MUST complete the ancial Advisor at 937-386-3449.	Ohio Health Care Assurance Program Form If

## **IMPORTANT INFORMATION PLEASE READ!!**

Effective with services on or after May 22, 1992, the Adams County Regional Medical Center provides to patients who qualify basic, medically necessary hospital services at no charge.

The patient must meet the following guidelines:

- 1) Patient is a resident of the State of Ohio.
- 2) Patient's total family income before taxes must be at or below the federal poverty guidelines as listed below. A family shall include parent (s), their spouse (s), and all

children, natural or adoptive, under the age of 18 who live at home.

## **FPL—Federal Poverty Level**

Applicant's Signature (if not Patient):

## **FAP—Financial Assistance Program**

FINANCIAL ASSISTANCE POVERTY GUIDELINES FOR 2024 (EFFECTIVE 01/12/2024)											
FAMILY	100% FPL	120% FPL	140% FPL	160% FPL	180% FPL	200% FPL	220% FPL	240% FPL	260% FPL	280% FPL	300% FPL
UNIT	HCAP	FAP100%	FAP90%	FAP80%	FAP70%	FAP60%	FAP50%	FAP40%	FAP30%	FAP20%	FAP10%
1	\$15,060	\$18,072	\$21,084	\$24,096	\$27,108	\$30,120	\$33,132	\$36,144	\$39,156	\$42,168	\$45,180
2	\$20,440	\$24,528	\$28,616	\$32,704	\$36,792	\$40,880	\$44,968	\$49,056	\$53,144	\$57,232	\$61,320
3	\$25,820	\$30,984	\$36,148	\$41,312	\$46,476	\$5,640	\$56,804	\$61,968	\$67,132	\$72,296	\$77,460
4	\$31,200	\$37,440	\$43,680	\$49,920	\$56,160	\$62,400	\$68,640	\$74,880	\$81,120	\$87,360	\$93,600
5	\$36,580	\$43,896	\$51,212	\$42,528	65,844	\$73,160	\$80,476	\$87,792	\$95,108	\$102,424	\$109,740
6	\$41,960	\$50,352	\$58,744	\$67,136	\$75,528	\$83,920	\$92,312	\$100,704	\$109,096	\$117,488	\$125,880
7	\$47,340	\$56,808	\$66,276	\$75,744	\$85,212	\$94,680	\$104,147	\$113,616	\$123,084	\$132,552	\$142,020
8	\$52,720	\$63,264	\$73,808	\$84,352	\$94,896	\$105,440	\$115,984	\$126,528	\$137,072	\$147,616	\$158,160
EACH											
ADD'L	\$5,380	\$6,456	\$7,532	\$8,608	\$9684	\$10,760	\$11,836	\$12,912	\$13,988	\$15,064	\$16,140

Patient's Signature: Date:	
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Relation to Patient:

CERTIFICATION: By signing this document, I affirm the answers on this application are true and I understand that it is unlawful to knowingly submit false information to obtain government benefits. Should a subsequent review of an individual's financial aid application reveal that information provided by the individual was either incorrect or fraudulent, the decision to provide financial aid may be reversed and the responsible party will be billed.