Summa Health System
APPLICATION FOR FINANCIAL ASSISTANCE

Summa Health System - Akron Campus
Summa Health System - St. Thomas Campus
Summa Health System - Barberton Campus

☐ OHIO HOSPITAL CARE ASSURANCE PROGRAM (HCAP) ☐ HEALTHCARE FINANCIAL ASSISTANCE PROGRAM

Please Print All Information

PATIENT NAME (LAST, FIRST,M)		SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS	CITY STATE	ZIP CODE	DAYTIME PHONE
☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ *SEPARATED	Employment status at time of service ☐ Employed ☐ Retired ☐ Unemployed	1. WERE YOU AN OHIO RESIDENT AT THE TIME OF YOUR HOSPITAL SERVICE? ☐ YES ☐ NO 2. WERE YOU AN ACTIVE MEDICAID RECIPIENT AT THE TIME OF YOUR HOSPITAL SERVICE? ☐ YES ☐ NO IF YES, MEDICAID BILLING NUMBER:__________ 3. WERE YOU AN ACTIVE RECIPIENT OF DISABILITY ASSISTANCE AT THE TIME OF YOUR HOSPITAL SERVICE? ☐ YES ☐ NO	
DATE OF SERVICE	HOSPITAL ACCOUNT NO.		
APPLICATION COVERS AN INPATIENT STAY AND/OR MONTH OF SERVICE AND THE TWO FOLLOWING MONTHS		ARE YOU INSURED ☐ YES ☐ NO	
SPOUSES NAME (LAST, FIRST, M)	Employment status at time of service ☐ Employed ☐ Retired ☐ Unemployed	SOCIAL SECURITY NO.	DATE OF BIRTH

"Family" includes the patient, patient's spouse ***(regardless of whether they live in the home)** and all patient's children, natural or adoptive, **under the age of 18 who live in the home**. If patient is under the age of 18, the "family" shall include patient, patient's natural or adoptive parent(s) ***(regardless of whether they live in the home)** and the parents children under the age of 18 who live in the home.

FAMILY MEMBER'S NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT	GROSS INCOME RECEIVED WITHIN THE THREE MONTHS BEFORE MONTH OF SERVICE	SOURCE OF INCOME OR EMPLOYER NAME
(Patient)		self		
			If zero must complete $0 INCOME STATEMENT below	
TOTAL PERSONS IN FAMILY		TOTAL FAMILY INCOME		

$0 INCOME STATEMENT:

____

Provide brief statement of how basic food/housing needs were met within the three months before date of service

*Income of a spouse or parent who does not live in the home is required unless the absent spouse or parent does not contribute to the household; use INCOME block to document "Does not contribute".

Income verification includes. but is not limited to copies of total wages before taxes. pension, SSI/SSD/Unemployment benefits. alimony, child support (if child is patient), veterans' benefits. distributions from a retirement account (IRA). 401(k), and 401(b),

If you receive Social Security or Disability Benefits. a letter of income verification or your most recent 1099 form may be submitted. A letter of verification can be obtained by calling the Social Security Administration at 1-800-772-1213.

I, the undersigned, have provided the above information to be considered for financial assistance through Summa Health System and;

To the best of my knowledge. I state this to be true and accurate information. and;

I understand that these are Federal funds and accept the responsibility of their use on my behalf. and;
I understand that Summa Health System reserves the right to modify or cancel this program in accordance with the rules of the Ohio Department of Jobs and Family Services (ODJFS).

X______________________________ ________________
(PATIENT OR A LEGAL REPRESENTATIVE OF A PATIENT MUST SIGN FOR APPLICATION TO BE VALID) (DATE)

______________________________ ________________
(HOSPITAL REPRESENTATIVE SIGNATURE/DEPT. OR AGENCY) (DATE)

IMPORTANT NOTICE TO OUR PATIENTS

Financial assistance programs apply only to hospital charges. Programs do not include any physician or professional billing fees.

Policy Statement:

Summa Health System is committed to providing financial assistance responsive to the needs of the community, regardless of race, age, gender, color, ethnic background, national origin, citizenship, primary language, religion, disability, handicap, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.
Healthcare Financial Assistance ("HFA") is a program that is fully funded by Summa Health System. It covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria.

Health Insurance Marketplace (Exchange) Participation

- If a patient has elected not to enter the marketplace/exchange, financial assistance may not be extended until they do so. Exceptions to this policy include patients discharged to a SNF, patients who are deceased with no estate, and patients who have documented homelessness.
- Healthcare financial assistance may be offered once the patient meets the requirement for insurance.

Effective for dates of service beginning 01/13/2021				
	2021 Care Assurance Income Guidelines	Financial Assistance Program		
Family Size	Federal Poverty Index	250%	300%	400%
1	$12,880	$32,200	$38,640	$51,520
2	$17,420	$43,550	$52,260	$69,680
3	$21,960	$54,900	$65,880	$87,840
4	$26,500	$66,250	$79,500	$106,000
5	$31,040	$77,600	$93,120	$124,160
6	$35,580	$88,950	$106,740	$142,320
7	$40,120	$100,300	$120,360	$160,480
8	$44,660	$111,650	$133,980	$178,640
Discount level	**100%**	**100%**	**90%**	**87%**
Add $4,540 for each additional person				

Complete policy available at summahealth.org, select Patient & Visitors tab

Summa Health System

Patient Accounting Services
P.O. Box 2090
Akron, Ohio 44398-6153