

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.

This program only covers services bill by Aultman.

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

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 and return application to:

Aultman/Aultman Orrville Patient Outreach Services
2600 Sixth St SW
Canton OH 44710

OR

Aultman Alliance Hospital Financial Counselors Office
200 E State St
Alliance OH 44601

For questions contact:

Aultman Hospital Patient Outreach office at 330-363-2200 or go to our website at www.aultman.org

Aultman Orrville Hospital Patient Outreach office at 330-682-3010 or go to our website at www.aultmanorrrville.org

Aultman Alliance Hospital Financial Counselors office at 330-596-7584 or go to our website at www.aultmanalliance.org

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 of Ohio.

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 that 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 2023	Income 2024
1	\$14,580	\$15,060
2	\$19,720	\$20,440
3	\$27,860	\$25,820
4	\$30,000	\$31,200
5	\$35,140	\$36,580
6	\$40,280	\$41,960
7	\$45,420	\$47,340
8	\$50,560	\$52,720

For each additional family member add \$5,380 for 2024.