



Athens-Limestone Hospital

Financial Assistance Policy Plain Language Summary

Effective 2/2016.

Patients who meet certain income criteria may qualify for financial assistance based on the below criteria:

Uninsured Patient Financial Assistance Guidelines	
Income Level (of FPL-Federal Poverty Level)	Discount
0-200%	100% of Medicare rate
201% -250%	50% of Medicare rate
251% -300%	40% of Medicare rate
301% -350%	25% of Medicare rate
351% -400%	15% of Medicare rate

If you receive an award of financial assistance from Athens-Limestone Hospital and the award does not cover 100% of Athens-Limestone Hospital's charges for services provided, a patient will not be charged more for emergency or other medically necessary care than the amount we generally bill patient that have insurance through Medicare.

If you think you may qualify for financial assistance, complete and sign a Financial Assistance Application. The application and guidelines are available at www.athenslimestonehospital.com for patients/financial assistance or you can obtain an application and copy of the guidelines by:

- Calling the Patient Accounts Department as (256) 233.9158, Monday-Friday, 8a.m.-4:30p.m., to request a copy of the application and guidelines by mail, free of charge.
- By visiting any of the following locations:
Main admitting 700 West Market St, Athens, AL 35611
Patient Accounting: 700 West Market St., Athens, AL 35611

For assistance completing the application or clarification on the guidelines; you may contact a financial counselor at (256) 233.9158 or (256) 233-9124 between the hours of 8am-4:30pm, Monday- Friday.

Forward your completed financial assistance application to:
Athens-Limestone Hospital
Attn: Patient Accounts Department
700 West Market St., Athens, AL 35611

