

**Evans Memorial Hospital  
Summary of Financial Assistance Program (Charity Care)  
(Plain Language Summary)**

Evans Memorial Hospital (EMH), a not-for-profit acute care hospital, was established to serve the needs of the residents of Evans County and surrounding areas. The hospital is committed to providing medical services to patients regardless of their ability to pay. EMH recognizes that not all patients have the financial resources to pay their hospital bill. This plain language summary provides specific details of our policies.

**EMH Financial Assistance Program (Charity Care)**

As a participant in the Financial Assistance Program (FAP), also known as Charity Care, you will receive emergency care and other medically necessary hospital level services at a discounted rate as long as your income is at or below 300% of the Federal Poverty Guidelines (FPG). Additionally, under the FAP, we provide financial assistance on a sliding scale discount from our normal charges if you are a resident of Evans, Tattnall, or Bryan County. If you are eligible for the FAP you will receive discounted assistance according to the following scale:

**Insured Patients**

| Income            | Discount |
|-------------------|----------|
| 125% of FPG       | 100%     |
| 126%- 175% of FPG | 80%      |
| 176%- 200% of FPG | 70%      |

**Uninsured Patients**

| Income            | Discount            |
|-------------------|---------------------|
| 150% of FPG       | 100%                |
| 151%- 185% of FPG | Medicare Rate + 40% |
| 186%- 235% of FPG | Medicare Rate + 20% |
| 236%- 300% of FPG | Medicare Rate       |

Financial assistance is available for eligible patients. If you do not pay the amount owed or submit an approved application within the specified time period, EMH may report the account to a collection agency.

**Amounts Generally Billed**

If you receive financial assistance under our Policy, you will not be charged more than we amount we generally bill patients having Medicare coverage.

**Excessive Expense Circumstances**

Even if your family income exceeds 300% of the FPG, we reserve the right to review/approve cases with excessive medical expenses on a case by case basis as identified.

**How to Obtain Copies of our Financial Assistance Program Application**

You may obtain a copy on our website at [www.evansmemorialhospital.org](http://www.evansmemorialhospital.org) and in our patient registration areas and business office at the hospital.

**How to Obtain Information and Assistance Regarding our Financial Assistance Program**

For information regarding our Financial Assistance Program, please visit our Business Office located at the Hospital or call 912-739-5026 Monday through Friday 8:00 am- 5:00 pm.

**What Languages are the Financial Assistance, Billing and Collection Policy and Plain Language Summary In**

Financial Assistance Application and Plain Language Summary are available in English and Spanish.

Return your completed application to: Patient Financial Services – EMH Hospital 200 North River Street, P. O. Box 518, Claxton, GA 30417