

Payment Arrangements

Payment arrangements will be accepted based on the schedule below according to account balance. Account balances may be combined for ease of payment and posting. A Financial Agreement Form must be completed and signed by the patient for extended payment arrangements.

Account Balance	Monthly	Per Pay (AACH Colleagues Only)
\$0-100	Full	Full
\$101-500	\$30	\$15
\$501-750	\$40	\$20
\$751-1,000	\$50	\$25
\$1,001-1,500	\$80	\$40
\$1,501-3,000	\$100	\$50
\$3,001-Up	Balance divided by 36 months = payment	

Packaged-Pricing Arrangements

The discounts listed in this brochure do not apply to pre-negotiated, packaged-pricing arrangements involving other providers.

Professional Fees Not Included

Financial assistance is only available for services at Aultman Alliance Community Hospital. Professional fees are not included. Specifically, balances for physician offices (Alliance Community Medical Foundation, Alliance Medical Associates), radiology fees (Foundation Radiology Group), anesthesia fees (Anesthesia Associates of Alliance), Community Care Center, Aultman Hospice, etc. are not covered by the hospital's financial assistance policy.

Financial Counseling

- Financial Counseling is available to all patients regardless of insurance status.
- Payment arrangements can be made upon completion of financial counseling after signing a Financial Responsibility Form.

Policy Availability

Questions regarding financial assistance should be directed to the Patient Financial Services at **330-596-7584** between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday.

- To request a copy of the hospital's financial assistance policy or an application, please contact Patient Financial Services or visit our website under the Patient Resources section at <https://aultmanalliance.org/patients-and-visitors/insurance-and-billing/financial-assistance/>
- A paper copy of our policy can be obtained at our facility located at:

200 East State Street
Alliance, Ohio 44601

**Patient Financial Services, Admitting/
Registration or Emergency Department**



200 East State Street • Alliance, Ohio 44601
330-596-6000
aultmanalliance.org



Patient Billing

*Financial
Assistance Programs*

330-596-7584



HOSPITAL FINANCIAL ASSISTANCE PROGRAMS

Aultman Alliance Community Hospital (AACH) provides medically necessary care without charge, or at a reduced rate, to patients who cannot afford to pay.

HCAP Assistance

For those applicants who do not qualify for Medicaid, the Hospital Care Assurance Program (HCAP) is offered.

- Patients qualify for HCAP on an income and family-size basis. Assets and employment status are not considered in qualifying for this program.
- All qualified HCAP patients will have their hospital balances waived in full.
- HCAP does not cover physician bills. Patients are encouraged to work directly with their physicians on financial arrangements.

Maximum Income For Care at 100% Reduction

Size of Family	1	2	3	4
	\$13,590	\$18,310	\$23,030	\$27,750

* Each Additional family member add an \$4,720

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 billed by Aultman.

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

To receive a 100% discount

Size of Family	1	2	3	4
Care at 100% Reduction	13,591	\$18,311	\$23,031	\$27,751

Each additional family member add \$4,720

To receive a 75% discount you must be self pay

Size of Family	1	2	3	4
Care at 75% Reduction	\$27,181	\$36,621	\$46,061	\$55,501

* Each Additional family member add an \$9,440

To receive a 55% discount you may have insurance.

Size of Family	1	2	3	4
Care at 55% Reduction	\$54,361	\$73,241	\$92,121	\$111,001

* Each Additional family member add an \$18,880

- Other regulations may apply. Contact Financial Assistance at 330-596-7584

Medicaid Assistance

AACH partners with an outside vendor to assist all uninsured patients through the Medicaid application process.

Low Income Assistance

For those low income patients who do not qualify for state Medicaid or HCAP, a discounted care program is available to eligible applicants who apply.

- Patients are required to complete an application that determines the individual's ability to pay
- Qualification is good for up to 90 days from service at Aultman Alliance Community Hospital
- The discounted care program does not cover physician bills

Prompt Pay Discount

Patients are eligible for a "prompt pay discount" of 5% if the balance is paid in full before the second statement. Self-pay balances or balances after insurance that include co-payments, co-insurance or deductible amounts are eligible for prompt pay discounts. Patients that receive a charity discount greater than 20% are not eligible for a prompt pay discount.