

Financial Assistance Policy for Medical Needs

The mission of OhioHealth is to improve the health of those we serve. We are pleased to offer The Hospital Financial Assistance Program (FAP), which provides free or discounted services to eligible patients for emergency or medically necessary services. Patients seeking financial assistance must apply for the program.

Eligibility

To be eligible for the program, patients must complete a Financial Assistance Application and meet specified income-based eligibility requirements or otherwise be able to show a significant financial hardship that precludes a patient from paying for care received. Generally, patients who are eligible have a family income at or below 250% of the federal poverty guidelines and do not have another source of payment or reimbursement for the cost of care. Based upon income level, discounts range from 100% - 60% off of the patient responsibility for the care received. In no event will a patient determined to be eligible for assistance under the FAP be charged more than the amounts generally billed by the Hospital for care provided to insured patients. The FAP applies only to services billed by OhioHealth Rehabilitation Hospital and physician services received by a patient at the Hospital.

To apply

Free Copies of the Financial Assistance Policy and Applications for Financial Assistance may be obtained by:

- Contacting your OhioHealth Rehabilitation Hospital Case Manager
- Calling the OhioHealth Rehabilitation Hospital's Admissions Office at (614) 484-9700
- Downloading it from www.ohiohealth-rehab.com
- Writing to: OhioHealth Rehabilitation Hospital Case Management Department, 1087 Dennison Avenue, Columbus, Ohio 43201

Mail completed applications or hand-deliver to: OhioHealth Rehabilitation Hospital Case Management Department, 1087 Dennison Avenue, Columbus, Ohio 43201

Questions regarding the Financial Assistance Policy or the Application form (including assistance completing the form) may be addressed by calling the Director of Case Management at 614-484-9676.

Translations

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Arabic.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in French.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in German.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Japanese.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Korean.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Mandarin.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Nepali.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Russian.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Somali.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Spanish.

Translated copies of the Financial Assistance Policy, this summary of the policy and the application form are available in Vietnamese.