



## Summary of Financial Assistance

**Ohio Hospital Care Assurance Program (HCAP).** As a participant in the HCAP Program, we offer medically necessary services in our hospitals free of charge if you are a resident of Ohio and either (1) currently an eligible recipient of the General Assistance or the Disability Assistance Programs, or (2) your income is at or below 100% of the Federal Poverty Guidelines (the FPG).

The following is a summary of financial assistance available at Regency Hospital of North Central Ohio, LLC, d/a/b, Regency Hospital of Cleveland East (“Cleveland East”) and Regency Hospital of Cleveland West (Cleveland West) and Select Specialty Hospital – Cleveland, LLC, d/b/a, Select Specialty Hospital - Fairhill (Cleveland Fairhill), and Select Specialty Hospital - Cleveland Gateway (Cleveland Gateway) (collectively, hereinafter referred to as “Hospital”)

**Financial Assistance Offered.** If you do not have insurance, we provide financial assistance for medically necessary care as a discount from our normal charges if your family income does not exceed four times the FPG and you are a resident of Ohio. All applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representatives to be considered for financial assistance. If you are eligible for financial assistance under our Policy, you will receive free or discounted assistance according to the following income criteria:

- If your annual family income is up to 250% of the FPG, you will receive free care,
- If your annual family income is between 251% and 400% of the FPG, you will receive care discounted to the amount we generally bill insured patients for such services.

Even if you have insurance, as long as you meet our income criteria, you will be eligible for financial assistance if (1) your insurance does not provide coverage for the medically necessary services you are seeking, or (2) you have exhausted your lifetime maximum insurance benefits.

**Additional Ways to Qualify. If you do not meet the income criteria above, regardless of your insurance status or state of residence, you will be considered on a case-by-case basis for financial assistance under the following circumstances:**

- *Exceptional Circumstances.* If you have an extreme personal or financial hardship, you may contact us to be considered for financial assistance.

- *Special Medical Circumstances.* If you are seeking treatment that can only be provided by Hospital medical staff or you would benefit from continued medical services from Hospital for continuity of care, you will be considered on a case by case basis for financial assistance for that specific treatment.

**Charges Will Not Exceed Amounts Generally Billed.** If you receive financial assistance under our Policy, you will not be charged more for medically necessary care than the amount we generally bill patients having Medicare coverage.

**How to Obtain Copies of Our Policy and Application.** You may obtain a copy of our Policy and the Financial Assistance application form: (1) on the following Hospital’s websites at <http://clevelandeast.regencyhospital.com>, <http://clevelandwest.regencyhospital.com>, <http://clevelandfairhill.selectspecialtyhospitals.com>, <http://clevelandgateway.selectspecialtyhospitals.com>, and (2) in our admissions area. If you call our Central Business Office at 888.868.1103, we will mail you a copy of our Financial Assistance Policy, plain language summary and application form free of charge.

**How to Apply and Obtain Assistance.** You may apply at any point in the admission or billing process by completing and submitting an application, and providing Income Information. Any Financial Assistance Application, whether completed in person, online, delivered, or mailed in, will be forwarded to the Central Business Office team for evaluation and processing. If you think you may have exceptional or special medical circumstances, a representative can initiate an application for you. If you need any help in applying, please contact our admissions department located at our facilities or call our Central Business Office at 888.868.1103.

Copies of our [Financial Assistance Policy](#), Application Form, and this Summary are available in English, Arabic and Spanish.

Las copias de nuestra Política de ayuda financiera, el Formulario de solicitud y el presente Resumen están disponibles en español.

تتوفر نسخًا من سياسة المساعدة المالية، ونموذج الطلب، وهذا الملخص باللغة الإنجليزية والعربية والإسبانية.

Return your completed application to: **Central Business Office - Select Specialty Hospital**  
P.O. Box 642369, Pittsburgh, PA 15264

Rev. 12/15