

Plain Language Financial Assistance Policy

Southwest General Health Center offers a variety of programs to assist you with your medical bills. If your situation meets the financial eligibility requirements, your bill for emergency medical or medically necessary care maybe discounted under the Southwest General Financial Assistance Policy. Individuals that are eligible for financial assistance will not be charged more than AGB rates for emergency or medically necessary care. The information below will help you determine your eligibility.

To complete the application process you will need to submit the following documentation:

- A completed, signed financial assistance application. The application must be signed by the patient or legal guardian. You may find a copy of the financial assistance application on our website at: <https://www.swgeneral.com/Financial-Tools> or upon request at any point of registration throughout Southwest General Health facilities.
- Proof you are an Ohio resident (i.e. driver license, school registry, utility bill, etc.)
- Proof of gross income: (income documentation needed 3 months and/or 12 months prior to the date of service) proof of income includes: Household income includes; W-2's, current state or federal tax returns, payroll stubs, bank statements, or any documentation showing financial means received. For self-employed patients only – Income Tax Forms and Schedules are acceptable. If you have not filed your tax return, you can call 1-800-829-1040 to obtain a Proof of Non-Filing letter from the IRS.
 - If you are reporting little or no income a letter of support must accompany the application (i.e. how are you obtaining food and shelter?)

If it appears that you may be eligible for assistance from Federal or State agencies, you are required to apply to these agencies before your request for financial assistance is finalized.

- SWGH will provide Free Care to **insured** individuals whose family size and household income is less than or equal to 100% of the current Federal Poverty Guidelines.
- Insured Patients are individuals who have any governmental or private health insurance.
- SWGH will provide Free Care to **uninsured** individuals whose family size and household income is less than or equal to 250% of the current Federal Poverty Guidelines.
- SWGH will provide Discounted Care to **uninsured** individuals with a family size and a household income between 251%-400% of the current Federal Poverty Guidelines.
- “Discounted Care” shall mean care that has been discounted to the rate set forth as the “Amount Generally Billed (“AGB”).
- SWGH offers payment plans.
- Uninsured patients who do not qualify for Free Care or Discounted Care may still qualify for financial assistance if they can demonstrate that their medical expenses exceed an established percentage of their family income.



Hospital Care Assurance Program (HCAP)

The Hospital Care Assurance Program (HCAP) provides free basic, medically necessary, care to eligible patients. Patients who wish to apply for this program must be voluntary residents of the state of Ohio, with the intent to remain in the state. The patient must be at or below federal poverty guidelines depending on their family size. (See below)

2025 Federal Poverty Limit (FPL) Guidelines up to 100%

Family Size	Gross Monthly Income	Gross Annual Income
1	\$1,304	\$15,650
2	\$1,763	\$21,150
3	\$2,221	\$26,650
4	\$2,679	\$32,150
5	\$3,138	\$37,650
Each Additional	\$458	\$5,500

Hospital Financial Assistance (HFA)

Healthcare Financial Assistance provides assistance to individuals who are uninsured for emergent medical and medically necessary healthcare. Patients who wish to apply for this program must be an Ohio resident and have income at or below 250% of the established annual federal poverty guide.

2025 Federal Poverty Limits (FPL) Guidelines up to 250% (discounts for uninsured patients only)

Family Size	Gross Monthly Income	Gross Annual Income
1	\$3,260	\$39,125
2	\$4,406	\$52,875
3	\$5,552	\$66,625
4	\$6,698	\$80,375
5	\$7,844	\$94,125
Each Additional	\$1,146	\$13,750

Amounts Generally Billed “AGB” Rates

The family and income size is determined to be between 251% and 400% of the Federal Poverty Limit (FPL), the uninsured patient is eligible for Medicare rates. We will discount the balance down to the amount we would (on average) receive in payment from Medicare. You must be an Ohio Resident for this program.



2025 Federal Poverty Limits (FPL) Guidelines up to 400%
(discounts for uninsured patients only)

Family Size	Gross Monthly Income	Gross Annual Income
1	\$5,217	\$62,600
2	\$7,050	\$84,600
3	\$8,883	\$106,600
4	\$10,717	\$128,600
5	\$12,550	\$150,600
Each Additional	\$1,833	\$22,000

Amount Generally Billed (AGB) Discounted Rate

Service	Discount
Inpatient	75%
Outpatient	85%
Professional Services for SGMG	57%

Catastrophic Discount (CD)

Catastrophic Discount maybe offered when the uninsured patient whose income is above 400% of the Federal Poverty Guidelines and is unable to meet his/her financial obligations due to the extraordinary size of their medical bills. The patient has to have incurred medical expenses (in the past 12 months) to income ratio that exceeds 15%.

Expenses to Income %	Catastrophic Adjustment %
0-15%	0
16%-25%	AGB Rates
26%-and above	100% Discount

Need Assistance?

Southwest General Health Center is partnered with Parallon to assist with our business office processes. If you receive a request for additional information from Parallon, please provide this information within 10 days of the request.

If you would like a copy of the application or have any questions regarding the information being requested for financial assistance, please call Parallon at:

- 1-844-902-3811 (Monday – Friday 8a.m. – 7p.m.)

If you need to send documentation to Parallon, it can be sent via mail to:

- Parallon
P.O. Box 291569
Nashville, TN 37229-1569