

## Charity Care/Financial Assistance Application Form Instructions

This is an application for financial assistance (also known as charity care) at Island Hospital.

**Washington State requires all hospitals to provide financial assistance** to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance.

### Island Hospital Financial Assistance Percentage Sliding Fee Scale

Family Size	100% of Federal Poverty Level	200% of Federal Poverty Level	300% of Federal Poverty Level
1	\$ 12,490	\$ 24,980	\$ 37,470
2	\$ 16,910	\$ 33,820	\$ 50,730
3	\$ 21,330	\$ 42,660	\$ 63,990
4	\$ 25,750	\$ 51,500	\$ 77,250
5	\$ 30,170	\$ 60,340	\$ 90,510
6	\$ 34,590	\$ 69,180	\$103,770
7	\$ 39,010	\$ 78,020	\$117,030
8	\$ 43,430	\$ 86,860	\$130,290
Discount		100%	61%

For family units of more than 8 members, add \$4,420 for each additional member to determine 100% of Federal Poverty Level.

This table is published annually in the Federal Register by the U.S. Department of Health and Human Services. This table is applicable for calendar year 2019. The table is available online at <http://aspe.hhs.gov/poverty-guidelines>.

**What does financial assistance cover?** The hospital financial assistance covers appropriate hospital-based services provided by Island Hospital departments and clinics depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

**If you have questions or need help completing this application:** *Patient Accounts Department – 360.299.1378.* You may obtain help for any reason, including disability and language assistance.

**In order for your application to be processed, you must:**

- Provide us information about your family**  
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before taxes and deductions)**
- Provide documentation for family income and declare assets**
- Attach additional information if needed**
- Sign and date the form**

**Note: You do not have to provide a Social Security number to apply for financial assistance.** If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

**Mail or fax completed application with all documentation to:** *Island Hospital "Attention Patient Accounts", 1211 24<sup>th</sup> Street, Anacortes, WA 98221. Fax 360.299.1369.* Be sure to keep a copy for yourself.

**To submit your completed application in person:** *Patient Accounts Department at Island Hospital 360.299.1378 Monday – Friday 8:00am – 4:30pm*

## Charity Care/Financial Assistance Application Form Instructions Island Hospital

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

**We want to help. Please submit your application promptly!  
You may receive bills until we receive your information.**