

Financial Assistance Summary

St. Claire HealthCare is committed to improving the health status of the communities we serve. SCH's Financial Assistance Program is designed to provide discounts to patients who apply and qualify based on established discount guidelines.

Eligibility

All patients who reside within SCH's service area are eligible for financial assistance. Applicants are considered for financial assistance after all other avenues of payment have been exhausted. Patients living outside SCH's service area may be eligible for assistance only in emergency situations, and must be approved prior to the services being rendered.

How to Apply

Free copies of SCH's complete HealthCare Financial Assistance Program policy and applications can be obtained in any of the following ways:



In Person: **Hospital Patient Registration**



Phone: **1-866-855-8567**



Online: **www.st-claire.org/patients-visitors/billing-information/**



Mail: **St. Claire HealthCare
Attn: Patient Financial
Services 222 Medical Circle
Morehead, KY 40351**

St. Claire HealthCare's Financial Assistance Program provides discounts based on the most recent Federal Poverty Guidelines (up to 200% of FPG) and as adjusted by family size. If eligible for financial assistance a discounted percentage of up to 100% will be placed on patient balance.

In an effort to lessen the burden on the uninsured, SCH provides a 25% discount off total charges to all uninsured patients regardless of ability to pay. In the event that a patient does not qualify for financial assistance, a deduction of 60% will be applied to the patient balance.

SCH also has a catastrophic charity aid plan for patients that do not qualify for financial assistance, but have high medical bills. Medical bills that are more than 100% of the patient's annual household income are considered catastrophic.

EMERGENCY OR MEDICALLY NECESSARY CARE

Any patient seeking urgent or emergent care at St. Claire HealthCare will be treated without discrimination and without regard to a patient's ability to pay for care.

Change of Address or Health Insurance Information

Change of Address

Name (Last, First, Middle Initial)		Address	
City	State	Zip	Telephone

Insurance Updates

Insurance Type: (Check one) Primary Secondary

Primary Policy Holder Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State Zip Telephone

Employer Name Group Number

Subscriber ID # Policy Holder's Date of Birth

Pay Online Today

st-claire.org/pay

