

Let us know that you need some assistance

Financial Assistance applications and instructions are available in most registration areas of the hospital or may be obtained from our website. If you call us, we can mail you a form. If you are uninsured, you will be required to apply for Medicaid.

Program coverage

FINANCIAL ASSISTANCE CHART

Persons in Family or Household	Feb – 22 Poverty	200% of Poverty	250% of Poverty	300% of Poverty	350% of Poverty	400% of Poverty
1	13,590	27,180	33,975	40,770	47,565	54,360
2	18,310	36,620	45,775	54,930	64,085	73,240
3	23,030	46,060	57,575	69,090	80,605	92,120
4	27,750	55,500	69,375	83,250	97,125	111,000
5	32,470	64,940	81,175	97,410	113,645	129,880
6	37,190	74,380	92,975	111,570	130,165	148,760
7	41,910	83,820	104,775	125,730	146,685	167,640
8	46,630	93,260	116,575	139,890	163,205	186,520
For ea addl person add	4,720	9,440	11,800	14,160	16,520	18,880

Medically necessary services are covered under our financial assistance policy. However, cosmetic, bariatric, infertility and experimental services may not be covered. All existing family accounts will be considered, although those accounts over 240 days old may be excluded. Eligibility is based on a review of your family’s gross income during the past 12 months, and anticipated income for the next several months. Special circumstances may be taken into consideration on an individual basis. **Process Timing** After you notify us of your intent to apply for financial assistance, we will allow 30 days for you to return the application and required documents. We will notify you of our decision within 14 days.

Our Hospital Contact Information Lawrence County Memorial Hospital, Business Office, 2200 State Street. Lawrenceville, IL 62439 Phone: 618-943-1000 Fax: 618-943-7223

Nondiscrimination statement: Crawford Hospital District complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-546-2657. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-546-2657.