



# EFFINGHAM HEALTH SYSTEM®

## Financial Assistance Policy – Plain Language Summary

**Effingham Health System** is committed to providing our community with quality, affordable healthcare. Eligible charges of \$100.00 or more can be considered for financial assistance if a patient is unable to afford emergency or medically necessary services.

**Applications** for our Helping Hands Financial Assistance Program may be considered for any patients or guarantors unable to pay balances resulting from emergency or medically necessary care. A patient or guarantor may submit an application up to 240 days beyond the first post discharge statement received for services. Application forms may be obtained at our facility or printed from our website: [www.effinghamhealth.org](http://www.effinghamhealth.org)

**Eligibility** will be determined based on household income documented by tax returns, bank statements, pay stubs, or a variety of other sources. Presumptive eligibility may also be determined through a third party analytics service identifying ability to pay. Applicants with a household income at or below 100% of the annually published Federal Poverty Level guidelines are eligible for a 100% assistance award. Proof of income documentation should be submitted with the application to avoid processing delays.

**Financial Assistance Policy, Plain Language Summary and applications** can be viewed on the health system's website: [www.effinghamhealth.org](http://www.effinghamhealth.org)

**Information** about the Helping Hands Financial Assistance Program is available at the hospital facility located at 459 Hwy 119 S. in Springfield, Georgia, or by calling **912 754-0496**. Appointments for application assistance and translation services are also available upon request.

