

### **Charity Care/Discount Program**

What is the Charity Care/Discount Program? The Charity Care/Discount Program is a program that provides a discount to patients who are uninsured or underinsured. This program allows qualifying patients to receive Medical Health Services at IVY CREEK HEALTHCARE, LLC. Facilities at a discounted fee after any insurance, if applicable, has processed the claim. There is a minimum amount due at the time of service for all discounted services received.

Who is eligible for the Charity Care/Discount Program? Uninsured and underinsured patients may qualify for the Charity Care/Discount Program. Patients currently enrolled in other discounted health care programs such as Medicaid, or local Charitable Care Programs are encouraged to apply. Federal guidelines require us to take household size and household income into consideration when determining an applicant's eligibility.

Where does the Charity Care/Discount Program apply? The Charity Care/Discount Program applies to qualifying patients who receive services at any of these IVY CREEK HEALTHCARE, LLC. Facilities and/or Clinic Locations:

**Elmore Community Hospital** 

500 Hospital Drive Wetumpka, AL 36092 334-567-4311

Ivy Creek of Family Care of Tallassee

2256 Gilmer Ave Tallassee, AL 36078 334-465-7056

\*\*River Region Family Medicine

Location Closed-Accounts still open

Lake Martin Community Hospital

201 Mariarden Road Dadeville, AL 36853 256-825-7821

Lake Martin Family Medicine

301 Mariarden Road Dadeville, AL 36853 256-825-7871

Ivy Creek Family Care of Wetumpka (Kent)

525 Hospital Drive Wetumpka, AL 36092 334-567-5626 Ivy Creek Family Care of Holtville

4412 Hogan Road Deatsville, AL 36022 334-543-4851

Wetumpka Pediatrics 815 Jackson Trace Road Wetumpka, AL 36092 334-567-2882

When should you apply for the Charity Care/Discount Program? You should apply immediately to see if you qualify for the Charity Care/Discount Program. If approved for the program, you will be required to renew your application and information on an annual basis.

**How can I apply for the Charity Care/Discount Program?** You may apply for the Charity Care/Discount Program by submitting the following:

- Completed and signed Charity Care/Discount Program Application (enclosed)
- Providing the documentation below for review

#### 1.Copy of Driver's License

## 2. Last Check Stub

## 3. And/Or An Attestation Letter-Statement of No Income

Enclosed is an application for the Charity Care/Discount Program. Please complete, sign and return your application and proof of income to the **preferred Healthcare Facility and/or Clinic listed above where the services were rendered or will be rendered.** Once received, your completed application will be reviewed and we will then send you a letter regarding your eligibility.

<u>Please note: All of the above information must be received in order to process your application.</u> Submitting incomplete or partial information will delay a decision until additional information requested received. Until you receive a letter indicating you have qualified for a discount, you are responsible for 100% of all charges.

Sincerely,

Ivy Creek Healthcare Staff

Please note: Charity/Discount Program does not apply to any test sent to outside labs such as LabCorp, Quest, and/or other outside labs. It also, does not apply to outside physician fees from outpatient diagnostic test readings and/or surgeries, or elective admissions to our CDU.



# **Charity Care/Discount Application**

Head of Household	Last Name	Einst None		M: 441.	Taitia1	
(please print)	Last Name	First Name		Middle	Middle Initial	
Mailing AddressStreet		City		Stat	e Zip	
Street	L	City		Stat	e Zip	
Telephone (		Date of Birth				
	House	hold Membe	ers			
Please print information	below for ALL per	sons living in yo	ur household			
Full Name			Date of Birth	R	Relationship	
					SELF	
	P	roof of Income				
SOURCE	SELF	SPOUSE	ОТНЕ	ER TOTAL		
Last Check Stub						
Attestation Letter- Statement of No Income						
TOTAL						
I certify th	hat the family size and in	icome information of	n this application is c	correct.		
PRINT NAME						
SIGNATURE						
DATE						