FINANCIAL ASSISTANCE POLICY - PLAIN LANGUAGE SUMMARY

Availability of Financial Assistance

You may be eligible for financial assistance if it would be a financial hardship to pay the expected out-of-pocket expenses for services at INcompass Healthcare.

Eligibility Requirements

Financial assistance is determined by a sliding scale of total household income and family size based on the Federal Poverty Level. No person eligible for financial assistance under the Financial Assistance Policy will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care.

Where to Find Information

To apply for financial assistance, you may:

1. Download information on our website at www.incompasshc.org, under Client Resources - Insurance/Billing - Financial Assistance Application

2. Request information by calling INcompass Healthcare's Client Financial Services team at (812) 537-1302 option 5 or via email financialservices@incompasshc.org

3. Request information when checking in for your next appointment

Availability of Translation

INcompass Healthcare will provide assistance through the use of an interpreter upon request. For information about INcompass Healthcare's Financial Assistance Policy and translation services, call (812) 537-1302.

How to Apply

The application process involves filling out the Financial Assistance Application Form and submitting the form, along with supporting documents, to INcompass Healthcare for processing. Applications may be submitted via email financialservices@incompasshc.org, in-person at any of our offices, or mailed to the following address. Applications submitted without necessary financial documentation will not be considered.

INcompass Healthcare
ATTN: Client Financial Services
285 Bielby Road
Lawrenceburg, IN 47025

INcompass Healthcare

Exceptional care for everyone