

**CLAY COUNTY HEALTHCARE AUTHORITY  
DBA CLAY COUNTY HOSPITAL  
FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY**

The Clay County Hospital offers financial assistance to eligible patients who are uninsured, underinsured, ineligible for a government health care program, or who are otherwise unable to pay for medically necessary care based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized below.

**Eligible Services**

Eligible services include emergent or medically necessary services provided by the Hospital. Eligible patients include all patients who submit a financial assistance application (including requested documentation) and are determined to be eligible for financial assistance by the Business Office.

**How to Apply**

Financial Assistance applications may be obtained/completed/submitted as follows:

- Obtain an application at The Clay County Hospital Business Office at 83825 Highway 9, Ashland, AL 36251.
- Request to have an application mailed to you by calling the Business Office at 256-354-1153 or Social Services at 256-354-1195.
- Request an application by mail at: P. O. Box 1270, Ashland, AL 36251.
- Download an application from Clay County Hospital's website:  
[www.claycountyhospital.com](http://www.claycountyhospital.com)

Financial assistance applications are to be completed and returned to the Clay County Hospital Business Office at 83825 Highway 9, Ashland, AL or by mail with the requested documentation at Clay County Hospital with Attn: Patient Financial Services, P. O. Box 1270, Ashland, AL 36251.

Patient Financial Services Counselors are available Monday through Friday, 8:30 a.m. to 4:30 p.m. via telephone 256-354-1153 to address questions related to Financial Assistance Program.

**Determination of Financial Assistance Eligibility**

Eligibility for financial assistance will be determined based on a patient's household income and number of members in the household, also known as the *Federal Poverty Level (FPL)*. If you and/or the responsible party's combined income are at or below 300% of the FPL, your hospital care may be fully or partially covered. Discounts are based on a sliding scale used to determine the percentage reduction of charges that will apply.

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. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full Policy for a complete explanation and details.

This summary, the Financial Assistance Policy, and Financial Assistance applications are available in English and Spanish at the locations listed above.