

## ***Who Qualifies for the Hospital Care Assurance Program?\****

\*This program includes charges for services from May 22, 1992, but does not cover physician or take-home pharmacy charges.

- ◆ Residents of Ohio
- ◆ Residents who are not currently on Medicaid.
- ◆ Residents who are part of a family with income at, or below, the federal poverty guidelines, as indicated below:

### **Federal Poverty Guidelines**

#### **Effective January 25, 2017**

Family Size	Income/Year
1	\$12,060
2	16,240
3	20,420
4	24,600

\*For families with more than 4 members, add \$4,180 for each additional member.

#### **Effective January 13, 2018**

Family Size	Income/Year
1	\$12,140
2	16,460
3	20,780
4	25,100

\*For families with more than 4 members, add \$4,320 for each additional member.

#### **Effective January 13, 2019**

Family Size	Income/Year
1	\$12,490
2	16,910
3	21,330
4	25,750

\*For families with more than 4 members, add \$4,420 for each additional member.

## ***How to Apply for Hospital Care Without Charge***

1. Read the portion of this brochure, "Who Qualifies For Free Hospital Care?" to see if you qualify.
2. If you believe you may qualify, complete this application.  
**Please Note:** The entire application MUST be completed and signed. All necessary forms and paperwork must be provided in order to be considered. Incomplete applications will be returned until all requested information is provided.
3. Attach verification of family income for 3 or 12 months prior to service date: wages, unemployment, or Social Security disability checks.
4. Attach copy of Form 1040 for previous year.
5. Turn in your completed application at the admitting Office of Magruder Hospital, or at the Patient Financial Service Office – or, mail to:

***Magruder Hospital  
615 Fulton Street  
Port Clinton, Ohio 43452  
419/734-3131***

**Questions? Call Patient Financial Service Department 419/732-4004**

## ***How to Apply for Hospital Care***

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# **You May Qualify for Free Hospital Care**

Magruder Hospital, Port Clinton, Ohio, provides hospital care without charge to qualifying individuals. To qualify, you must submit this application along with all necessary forms and paperwork.



615 Fulton Street • Port Clinton, OH 43452  
www.magruderhospital.com  
419-734-3131

Patient Financial Services  
419-732-4004

