Breckinridge Health Inc. offers a **Financial Assistance Policy** to provide aid to eligible patients in meeting their medical care financial obligations.

**ELIGIBILITY AND ASSISTANCE AVAILABLE**

BHI’s assistance program is available to uninsured and insured residents of Kentucky who fall within the following income guidelines. You may be eligible for financial assistance once you have utilized all other payment options (Insurance coverage, health spending accounts, governmental assistance programs). Those who are approved for Financial Assistance may not be charged more than the Amounts Generally Billed (AGB) for emergency or medically necessary care (please refer to the full FAP to learn more).

**Annual Income Limits**

**If income is < or = to Number in Household**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **% patient owes** | **Number in Household** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **40%** | **31300** | **42300** | **53300** | **64300** | **75300** |
| **30%** | **28170** | **38070** | **47970** | **57870** | **67770** |
| **20%** | **25040** | **33840** | **42640** | **51440** | **60240** |
| **10%** | **21910** | **29610** | **37310** | **45010** | **52710** |
| **0%** | **15650** | **21150** | **26650** | **32150** | **37650** |

* All individuals who have an income equal to or less than the highlighted categories above may be eligible for Medicaid. Our Financial Counselor can assist you in enrollment.
* Anyone that falls outside of the income bracket may qualify for a prompt pay discount if the balance is paid in full or will be assisted in setting up a suitable payment plan.
* **Presumptive Eligibility** – The BHI Financial Counselor is certified through the KY Cabinet for Health and & Family Services to determine Presumptive Eligibility. Presumptive Eligibility is a process in Kentucky which expedites an individual’s ability to receive temporary Medicaid coverage for medical services.

**HOW TO APPLY FOR ASSISTANCE**

You may apply for financial assistance or obtain a free copy of the Financial Assistance Policy online at [www.mybreckhealth.org](http://www.mybreckhealth.org). Furthermore, you may also obtain a free copy of the Financial Assistance Policy by contacting the Financial Counselor (270-580-2280 Monday-Friday 7:00-3:30 CST) or Breckinridge Memorial’s Business Office (at 270-756-6579 Monday-Friday 7:00- 4:00 CST.). Individuals in need of assistance can receive an application and free copy of the Financial Assistance Policy at the following locations:

|  |  |
| --- | --- |
| **Breckinridge Memorial Hospital** | **Breckinridge Primary Care** |
| 1011 Old Hwy 60 Hardinsburg, KY 40143 | 107 Old Hwy 60 Hardinsburg, KY 40143 |
| Phone: 270-756-6579 | Phone: 270-580-2250 |
| **Breckinridge Surgical Services** | **Cloverport Health Clinic** |
| 207 Fairgrounds Rd. Hardinsburg, KY 40143 | 209 Elm Street Cloverport, KY 40111 |
| Phone: 270-580-2256 | Phone: 270-788-3000 |
| **McDaniels Family Care** | **Breckinridge Health Clinic** |
| 9798 S Hwy 259 McDaniels, KY 40152 | 203 Fairgrounds Road Hardinsburg KY 40143 |
| Phone: 270-902-4411 | Phone: 270-756-2171 |