

Holzer is committed to providing access to healthcare for our communities. We realize that some individuals cannot pay for all or part of their services. We will work with our patients privately to assist with any financial assistance.

Through our Financial Assistant Program (FAP), Holzer Health System can provide temporary financial assistance to eligible patients who receive emergent or medically necessary healthcare. Chosen treatments are not covered under our FAP. Patients must be able to apply for Ohio Medicaid and/or any other public assistance programs within their state of residence.

After submitting financial assistance forms to Holzer along with proof of income, a patient may be able to qualify for financial assistance under Holzer’s policy. A patient may receive additional discounts according to the 2021 Federal Poverty Guidelines listed below.

Criteria to Apply:

- Completed Financial Assistance Application
- Demographic Information
- Number of persons in family/household
- 3 months’ total gross income prior to date you received medical services or treatment

HOW TO APPLY FOR FINANCIAL ASSISTANCE

Call Holzer’s Financial Advocacy Department for more information.

Holzer Gallipolis and Holzer Medical Center - Jackson:
740-446-5252
Toll Free: 855-446-5252

More information as well as the Financial Assistance Application can be found at www.holzer.org

How to Find Financial Assistance Policy

Holzer’s policy and the Financial Assistance Application form can be found on our website at www.holzer.org under the Billing, Insurance & Pricing page free of charge. From there, you can obtain a copy of the Financial Assistance Application by clicking on “Learn more about financial assistance programs available.” If more information is required to process your application, we will contact you by phone and/or mail

2021 Federal Poverty Guidelines for 48 Contiguous States and District of Columbia

For families/households with more than 8 persons, add \$4,420 for each additional person.

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,880
2	\$17,240
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660