

**Let us know that you need some assistance**

Financial Assistance applications and instructions are available in most registration areas of the hospital or may be obtained from our website. If you call us, we can mail you a form. If you are uninsured, you will be required to apply for Medicaid.

2023 LCMH Financial Assistance Calculation Tool							
2024 FPL- Household Size	<120%	130%	140%	150%	160%	200%-300%	
1	\$15,060	\$19,578	\$20,783	\$22,590	\$26,355	\$30,120	\$45,180
2	\$20,440	\$26,572	\$28,207	\$30,660	\$35,770	\$40,880	\$61,320
3	\$25,820	\$33,566	\$35,632	\$38,730	\$45,185	\$51,640	\$77,460
4	\$31,200	\$40,560	\$43,056	\$46,800	\$54,600	\$62,400	\$93,600
5	\$36,580	\$47,554	\$50,480	\$54,870	\$64,015	\$73,160	\$109,740
6	\$41,960	\$54,548	\$57,905	\$62,940	\$73,430	\$83,920	\$125,880
7	\$47,340	\$61,542	\$65,329	\$71,010	\$82,845	\$94,680	\$142,020
8	\$52,720	\$68,536	\$72,754	\$79,080	\$92,260	\$105,440	\$158,160
<b>LCMH Financial Assistance %</b>	<b>100%</b>	<b>90%</b>	<b>80%</b>	<b>70%</b>	<b>60%</b>	<b>58%</b>	

Medically necessary services are covered under our financial assistance policy. However, cosmetic, bariatric, infertility and experimental services may not be covered. All existing family accounts will be considered, although those accounts over 240 days old may be excluded. Eligibility is based on a review of your family’s gross income during the past 12 months, and anticipated income for the next several months. Special circumstances may be taken into consideration on an individual basis. **Process Timing** After you notify us of your intent to apply for financial assistance, we will allow 30 days for you to return the application and required documents. We will notify you of our decision within 14 days.

**Our Hospital Contact Information Lawrence County Memorial Hospital**, Business Office, 2200 State Street. Lawrenceville, IL 62439 Phone: 618-943-1000 Fax: 618-943-7223

Nondiscrimination statement: Crawford Hospital District complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-546-2657. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-546-2657.