

Dear Patient:

**Plain Language Summary of the Financial Assistance Policy:** It is the policy of Lindner Center of Hope (Lindner Center) to provide financial assistance to patients in need. Lindner Center will extend medically necessary services at no cost, or at a reduced amount, to an individual who is eligible under the financial assistance policy (FAP). A copy of the FAP can be requested by calling (513) 536-0224 or you can visit our website at <https://lindnercenterofhope.org/wp-content/uploads/2022/01/Financial-Assistance-Policy-012422-FSA.pdf> for downloadable copies. In accordance with the law, Lindner Center will always provide medical and psychiatric screening and necessary stabilizing treatment to patients even if they can't demonstrate the ability to pay for that care. Patients receiving care through residential programs are not covered under this policy.

**Financial Assistance Eligibility:** Lindner Center provides full or partial financial assistance to persons whose family income is at or under the income guidelines listed below. Patients eligible for financial assistance will not be charged more for medically necessary care than the amounts generally billed (AGB) to patients who have insurance.

Eligibility depends upon meeting:

- Cooperation with applying for Medicaid or Medicare
- Being deemed ineligible for Medicaid or Medicare
- Income qualifications as outlined below
- Residency

**Applying for Financial Assistance:** Lindner Center's Financial Assistance Policy (FAP) documents (including the policy, summary, and application) are available on our website at <https://lindnercenterofhope.org/new-patient-forms/> and free paper copies are available in the hospital's intake and registration areas. A free copy of the documents can also be requested by mail by calling the phone numbers listed below. Copies of this summary and the financial assistance application are available in English and Spanish. (Spanish versions are available under the "Patient" tab on the website).

### **Process for Applying for Financial Assistance**

Lindner Center recognizes that some patients requiring emergent services have limited financial resources. To help ease the burden of these healthcare expenses, Lindner Center will extend a discount off billed charges up to 100% to uninsured or underinsured patients for inpatient services who have –

1. Provided proof of residency in the state of Ohio;
2. Made a good faith effort to obtain insurance coverage if affordable coverage is available to them or apply for any government sponsored insurance programs they may qualify for; and
3. Demonstrated financial need due to limited income based on the most recently published Federal Income Poverty Guide (FPG) and total resources.

For patients requiring emergent services not meeting the criteria above, Lindner Center will extend a discount off billed charges. The amount of this discount will be determined annually based on Amounts Generally Billed to Insurance and Medicare. The current discount is 52% for medically necessary hospital services and 42% for medically necessary physician services for Ohio residents.

Patients residing outside of Ohio, but in the United States, will receive a 25% discount on billed charges for medically necessary services.

Physicians providing services at Lindner Center but not employed by Lindner Center are not covered under this policy. This includes physicians from University of Cincinnati Physicians, Children's Hospital Medical Center and Compunet Lab Services Corp.

#### 2026 Household Size Federal Income Poverty Guideline Lindner Center of Hope Guideline

Family Size	Federal Poverty Levels 2026	Discounted 100% - 200%		
1	\$15,960	\$0-\$31,920		
2	\$21,640	\$0-\$43,280		
3	\$27,320	\$0-\$54,640		
4	\$33,000	\$0-\$66,000		
5	\$38,680	\$0-\$77,360		
6	\$44,360	\$0-\$88,720		
7	\$50,040	\$0-\$100,080		
8	\$55,720	\$0-\$111,440		
For each additional person add \$5,680.				

**Note:** A dependent is defined as the patient's spouse (regardless of whether they live in the home), and all the patient's children, natural, adoptive, or step, under the age of eighteen whose primary residence is the patient's home. If the patient is under the age of eighteen, the "family" shall include the patient, the patient's natural or adoptive parents (regardless of whether they live in the home), and the parents' children, natural or adoptive under the age of eighteen who live in the home.

**Proof of Income must accompany the application.** Please provide proof of gross income for the last pay periods for each employer in the current year and a copy of page 1 of the most recent 1040 federal return. If you receive income from another source, such as child support, alimony, social security, pension, etc., please provide documentation of the amount and frequency of payment.

**Proof of residency.** Please provide proof of residency for Ohio residents. Proof would include; drivers' license, utility bill within 60 days of medical/mental health date of service, rent receipts, mortgage statement, property tax bill, letter from company or shelter providing living arrangement or credit report.

Click here for [Financial Assistance Application](#).

If you meet the requirements stated above, and wish to apply for financial assistance, please print and fully complete the Financial Assistance Application.

Eligibility will be determined when the application and all supporting documents are received. Lindner Center will make a determination within 21 calendar days and will notify the patient by mail of their acceptance or denial. Incomplete applications will be automatically denied after 45 calendar days. Patients can resubmit a complete application until such time that the applicable accounts have exhausted the billing and collection cycle.

Our Financial Counselors are available to discuss the Lindner Center of Hope Financial Assistance Program from 8am to 5pm Monday through Friday by calling (513) 536-0224.

This completed application along with income verification should be sent to the following address for processing:

**Lindner Center of Hope**  
4075 Old Western Row Road  
Mason, OH 45040  
Attention: Financial Counseling

[LCOH-Financial-Assistance@lindnercenter.org](mailto:LCOH-Financial-Assistance@lindnercenter.org)

Fax: (513) 536-0239