

In accordance with the 501(R) charity requirements, below is considered the “Plain Language Summary” of Sullivan County Community Hospital Financial Assistance policy, which is presented to patients during all financial discussions.

To provide high-quality healthcare and wellness services for the community, Sullivan County Community Hospital is committed to providing affordable care to individuals who need emergency or medically necessary treatment and have a household income 100% - 300% below the Federal Poverty Level (FPL) Guidelines. Individuals who qualify for financial assistance will not be charged more than the average amount generally billed to insured patients for emergency or medically necessary care.

Our financial counselors, available Monday through Friday, from 7AM until 4PM, are committed to maintaining the confidentiality of your financial information. You can discuss the application process with them at 812-268-4311 ext. 7444.

At Sullivan County Community Hospital, we believe in treating everyone with fairness and respect. That's why we will not pursue extraordinary collections actions against an individual without first making reasonable efforts to determine if they are eligible for financial assistance.

For a free copy of the entire Financial Assistance Policy and/or an Application for Financial Assistance, patients can:

- Request in person at Sullivan County Community Hospital at 2200 N Section St. Sullivan, IN 47882.
- Request a copy by mail by calling 812-268-4311 ext. 7444.
- Mail a request to Sullivan County Community Hospital Business Office, P.O. Box 10 Sullivan, IN 47882.
- Access and download it online: <https://scch.health/financial-assistance-ap/>