

Dear Patient:

Financial assistance is available for hospital expenses to individuals with income at or below the federal poverty guidelines. Eligibility is based on income and the federal poverty guidelines shown below.

FAMILY SIZE	FEDERAL POVERTY INCOME GUIDELINES	150% LEVEL
1	\$15,960	\$23,940
2	\$21,640	\$32,460
3	\$27,320	\$40,980
4	\$33,000	\$49,500
5	\$38,680	\$58,020
6	\$44,360	\$66,540
7	\$50,040	\$75,060
8	\$55,720	\$83,580

For family units with more than eight (8) members, add \$5,680 for each additional member.

If you currently receive Disability Assistance (DA), you are eligible for financial assistance. To claim this benefit, you must send us a copy of your DA card or call us with your card number and effective/expiration dates.

So that we may assist you with this process, please contact a Customer Service Representative at (330) 332-7601.

Upon reviewing your information, we will notify you of your eligibility.

ONLY HOSPITAL CHARGES WILL BE CONSIDERED. PHYSICIAN CHARGES MUST BE DISCUSSED WITH CUSTOMER SERVICE.

Should you have any questions, please contact Customer Service at 330-332-7601.

Thank you,

Salem Regional Medical Center

Effective 1/16/2026