



**PLAIN LANGUAGE SUMMARY  
of Financial Assistance Policy  
Updated: May 4, 2021**

Kettering Health Network is committed to meeting the health care needs of our community through the ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance.

**Availability of Financial Assistance:** You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full your expected out-of-pocket expenses for emergency and other medically necessary care that Kettering Health Network provides.

**Eligibility:** Kettering Health Network provides financial assistance based upon need. To determine need, we review your household income and compare it to the Federal Poverty Level guidelines set by the U.S. Department of Health and Human Services. We also review the amount of charges for which you are responsible.

If you and/or the party responsible for payment has combined income equal to or below 250 percent of the federal poverty guidelines, you will have no financial responsibility for the care that Kettering Health Network provides. If you fall between 251 percent and 400 percent of the guidelines, you may qualify for discounted rates for our care.

If you are eligible for financial assistance under this policy, Kettering Health Network will not charge more for your emergency or other medically necessary care than the amounts we generally bill to individuals who have insurance for such care. In certain cases, we may presume you are eligible for financial assistance if you already qualify for certain types of governmental aid. Please refer to "Amount Generally Billed Definition" document for more information at [www.ketteringhealth.org/financial](http://www.ketteringhealth.org/financial) or by calling any of the facility numbers listed below.

You may be ineligible for financial assistance if; you have sufficient insurance coverage, or we determine your income is enough to pay for care. Please see the links below for our full policy, which provides more explanation and details.

Our Financial Assistance Policy and Applications required for the programs listed below are available at any hospital registration department, at [www.ketteringhealth.org/financial](http://www.ketteringhealth.org/financial) or by mail. To obtain a copy of this information by mail you should call any of the facility numbers listed below.

Our Financial Assistance Policy, Application Form, Plain Language- Summary and related information is available in English and Spanish.

**Kettering Health Network is here for you**

If you have any questions or concerns about the policy, application or payment programs available, please call the hospital where you are scheduled or received care at the phone numbers listed below, or our customer service department.

Kettering Medical Center: (937) 395-8880  
Fort Hamilton Hospital: (513) 867-2301  
Grandview Medical Center: (937) 723-3237  
Greene Memorial Hospital: (937) 352-2201  
Soin Medical Center: (937) 702-4875  
Southview Medical Center: (937) 401-6215  
Sycamore Medical Center (937) 384-8774  
Kettering Behavioral Medical Center: (937) 384-8774  
Kettering Health Network Customer Service: (866) 319-2981  
Troy Hospital (937) 980-7001