

# Financial Assistance Summary: King's Daughters Medical Center - Ohio

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## We're ready to help

King's Daughters offers free and discounted healthcare to eligible individuals and families for emergency and other medically necessary care.

## You may be eligible for assistance if you:

- Have no health insurance, or have out-of-pocket responsibilities you cannot afford even after your insurance has paid;
- Complete a application for financial assistance;
- Show you have a financial need considering the size of your family;

## How do I apply?

- Request and complete a Financial Assistance Application;
- Return the application and supporting documents listed in the **Document Checklist** to the Financial Resource Center (FRC) team at King's Daughters.
- If additional documents are needed, we will contact you by phone or mail to let you know what else is required.

## How do I get an application? What if I need help?

Applications are available when you check in for your services. You may contact FRC team members to request applications or to receive assistance completing an application. FRC team members are located in the Main Patient Registration area of the Ashland hospital facility (Mon – Fri 8a – 4p), and no appointment is required.

You may also contact us to request an application or assistance filling it out via:

E-mail: [FinancialAssistanceTeam@kdmc.kdhs.us](mailto:FinancialAssistanceTeam@kdmc.kdhs.us)

Phone: (606) 408 – 4118 or (866) 408 – 6466

Fax: (606) 408 – 6049

Mail: King's Daughters Medical Center  
Attn: Financial Assistance  
2201 Lexington Avenue  
Ashland, KY 41101

Free copies of the complete Financial Assistance Policy and application, including Spanish language translations, are available on our website, [www.kdmcohio.com](http://www.kdmcohio.com).

## The application process:

- Applications and supporting documents are reviewed for completeness;
- Eligibility is determined based on a sliding scale comparing annual, gross family income to the Federal Poverty Guidelines;
- We may require that you apply for Medicaid or other programs if there is reason to believe you may be eligible.
- We will contact you by mail to tell you whether or not you are eligible for assistance through our program.
- You will need to pay in full or arrange a no interest payment plan on any remaining balances after your assistance level is determined.

## Documentation Checklist

Your signed application must also include copies of any of the following documents that apply to you. Please, attach copies, not originals, as they will not be returned.

- Pay check stubs (past three months, or one showing year-to-date gross wages);
- Verification of Social Security, pension/retirement, unemployment, Workers' Compensation, Disability, and/or Veteran's Administration payments;
- Verification of child support, alimony, or kinship benefits;
- Rental income verification;
- All pages of your bank statements for the most recent three months;
- Documentation for any other assets or resources you have;
- Complete, signed Federal Income Tax return for the most recent filing year, including all Schedules and forms required to file;
- If you have no income, you will need to send a letter or a copy of the No Income form signed by the person who is paying your living expenses;

If you are determined to be eligible for assistance, you will not be billed more than the Amount Generally Billed to patients having insurance coverage for the same care.