

**INDIVIDUAL WRITTEN NOTICE OF AVAILABILITY
OF OTSEGO MEMORIAL HOSPITAL ASSISTANCE PROGRAM**

Under its assistance program Otsego Memorial Hospital will make available a reasonable amount of uncompensated or reduced price services to persons eligible under applicable guidelines. Otsego Memorial Hospital Assistance Program services are not limited to any specific hospital service. Individual eligibility for assistance is determined by measuring family income in relation to family size against the income poverty guideline established by the Community Service Administration. The current income requirements for assistance are listed below:

	100% (A)	50% (B)	25% (C)
1	\$21,660	\$21,661 - \$27,075	\$27,076 - \$32,490
2	\$29,140	\$29,141 - \$36,425	\$36,426 - \$43,710
3	\$36,620	\$36,621 - \$45,775	\$45,776 - \$54,930
4	\$44,100	\$44,101 - \$55,125	\$55,126 - \$66,150
5	\$51,580	\$51,581 - \$64,475	\$64,476 - \$77,370
6	\$59,060	\$59,061 - \$73,825	\$73,826 - \$88,590
7	\$66,540	\$66,541 - \$83,175	\$83,176 - \$99,810

If you think you may be eligible for assistance, you should return the enclosed form or contact the Business Office during normal business hours, Monday thru Friday between the hours of 8:00 a.m. and 4:00 p.m. at 989 731-2200 or 800 322-3664 ext. 2200.

Upon receipt of this application, documentation of income in the form of either a W-2 or income tax return and bank statements reflecting checking and savings accounts, the Business Office will make a determination with two (2) working days of receipt. The following documents are required:

- SSA 1099
- Current Pay Stubs
- Pension Proof
- Unemployment Proof
- Child Support/Spousal Support
- Tax Return/W-2's
- Proof of Assets/Investments
- FIA Denial/Approval
- Total Household Income

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