

A Culture of Compassion and Caring

- Emergency Services
- Adult Outpatient
- Transitions Partial Hospital
- Adult Inpatient
- Administration/Support 474 N. Yellow Springs St. Springfield OH 45504 (937) 399-9500 Toll Free 1- 800- 218-9500 www.mhscc.org
- Youth Outpatient Services - PACT Parents and Children Together Program - Youth & Family Recovery Services for Substance Abuse 1835 Miracle Mile Springfield OH 45503 (937) 390-7960

Youth Challenges Partial Hospital 924 E. Home Road Springfield OH 45503 (937) 390-8004

Mental Health, Alcohol & Drug Services for Madison County 210 N. Main Street London OH 43140 (740) 852-6256

Behavioral Health Rehabilitation (BHR)

Clark County: 1086 Mound Street Springfield OH 45505 (937) 390-7980

Madison County: 210 N. Main Street London OH 43140 (740) 852-6256

Financial Assistance Policy and Instructions - Plain Language

Mental Health Services offers financial assistance programs to assist our clients with their medical expenses incurred. Based on our financial assistance program guidelines, your bill for emergency medical or other medically necessary care may be reduced under our financial assistance policy. For uninsured residents of Clark, Greene or Madison Counties, all hospital and psychiatrist fees will be paid by the Mental Health and Recovery Board of Clark, Greene, and Madison Counties. In addition, emergency outpatient counseling services prior to an Inpatient admission are provided under the indigent care funds and paid by Mental Health and Recovery Board so copay fees are included in this program.

Hospital Financial Assistance Program

HFAP is available to individuals who are below 250% federal poverty guidelines for 100% reduction of client copays and for clients between 250% to 400% federal poverty guidelines, a 50% of client copays will be reduced based on a completed and signed Healthcare Financial Assistance Application Form.

Completed and signed Healthcare Financial Assistance Application forms are to be returned to MHS Billing Department 474 N Yellow Springs Street, Springfield OH 45504.

For questions regarding the process, contact MHS Billing Department at (937) 629-3015.

Financial Assistance Application Instructions

We at Mental Health Services for Clark County Inc. strive to assist clients who need financial assistance and meet our assistance program guidelines for free care (250% federal poverty level) or discounted care (400% federal poverty level 50% discount).

Please complete the application for the dates of service you are requesting assistance. Your account number is on your client statement.

The Expense categories can be completed by month and include mortgage or rent, utilities, health/life/auto insurance costs, any auto loan payments, monthly grocery costs and other costs that you incur during the month.

Income categories are gross wages for you or your spouse or any other member in the home that contributes to the household expenses.

The number in your household would include children, step children, and adoptive children under age 18 in your home.

Document if you or your spouse is receiving unemployment insurance or workers compensation benefits, child support, disability, or social security monthly benefits.

Other category is for any other income not previously listed.

Sign and date the application and return to:

Billing Dept, Mental Health Services

474 N Yellow Springs Street

Springfield OH 45504

If you have questions, contract Tricia at 937-399-9500 extension 3015

We will contact you once the application is processed.

MHS/AC_	
MHS/YC	

Mental Health Services For Clark County Healthcare Financial Assistance Application



Account Number			Ц
Date of Service		Date of Application	
Patient Name	Date of Application Date of Birth		th
Spouse or Guaranto	pouse or Guarantor Date of Birth		th
Address			
Zip Code	Phone (Home)	(Work)	
Expenses		Income (**Please	attach income verification**
Mortgage/Rent	\$	Gross Wages (Patient)\$	
Utilities: Gas	\$	Gross Wages for	or \$
Electric	\$	Other	\$
Water	\$		
Telephone	\$	Number In Household	
Cable	\$		
Insurance:		Unemployment	\$
Health	\$	Workman's Comp.	\$
Life	\$	Child Support	\$
Auto	\$	Disability	\$
Automobile Loan (s)		Social Security	\$
Groceries/Food	\$	Other (list below)	-
***		,	\$
	\$		\$
	\$		\$
Total	\$	Total	\$
I attest that the ab	pove information is complete a	and accurate as shown.	
ř	Patient / Guarantor		Date
	Total Ho	spital Bill \$	

Approved / HCAP



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Clark County: 1086 Mound Street Springfield OH 45505 (937) 390-7980

Madison County: 210 N. Main Street London OH 43140 (740) 852-6256 Mental Health Services has no providers that deliver emergency or other medically necessary care that are not covered under the FAP.