



FINANCIAL ASSISTANCE PROGRAM

Stephens County Hospital offers help to eligible patients who either cannot pay or have difficulty paying their hospital bill(s). There are two indigent care programs available.

Georgia Indigent Care Program:

Residents of the State of Georgia

Stephens County Indigent Care Program:

Residents of Stephens County

(Zip Codes: 30538, 30557, 30577, and 30598)

Patients covered by Medicare are not eligible for these programs.

*** This program does not cover Elective Surgeries or Non Emergent Procedures***

An Application for these programs are available in the Emergency Room, Outpatient Registration, Social Services, and the Front Office (Cashier Window). An Application can also be downloaded from the Stephens County Hospital website or mailed to you.

ELIGIBILITY REQUIREMENTS:

- Proof of household income
- Number of people living in the house
- Income eligibility based on Federal Poverty Guidelines

HOW TO APPLY:

- Complete and sign an application
- Provide proof of income

ACCEPTED PROOF OF INCOME:

- Copy of check stubs
- Statement signed by employer
- Copy of income tax return
- A notarized, written statement of no income
- Bank statement showing direct deposit
- Copy of Social Security letter showing amount patient receives each month

The patient will receive an approval or denial within 30 days of a completed application being received.

Some services at Stephens County Hospital are not covered by this Financial Assistance Program including:

- Stephens County Anesthesia Services
- Apogee Hospitalists Group

- Stephens County Hospital Physician Group
 - General Surgery
 - Internal Medicine
 - Obstetrics & Gynecology
 - Orthopedic Surgery

The Financial Assistance Office is located off the Main Lobby in the front of the hospital.

A Financial Assistance Representative can be reached at any of the following numbers:

- 706.282.4284
- 706.282.4167
- 706.282.4343
- 706.282.4247