

Plain Language Summary of Financial Assistance

Eligible patients who have household Family Income equal to or less than 450% of the current Federal Poverty Level and meet certain low- and moderate-income requirements may qualify for free care or partially discounted care and extended payment plan options from Coshocton Regional Medical Center. No patient will be charged more than Amount Generally Billed (AGB) for emergency or other medically necessary care. Emergency Department physicians and other physicians who are not employees of the hospital may also separately offer financial assistance. The Charity Care Program is summarized in the addendum “Charity Care Program”, and the Discount Payment Program is summarized in the addendum “Financial Assistance Discount Payment Program”.

Patients can obtain copies of the Financial Assistance Policy and application forms on the hospital website, www.coshoctonhospital.com. For further information or a financial assistance application, please contact us:

740-623-4244
Coshocton Regional Medical Center
1460 Orange Street
Coshocton, Ohio 43812

The Financial Assistance Policy documents are available in non-English languages spoken by a substantial number of the patients served by the hospital.

Completed applications should be delivered to:

Coshocton Regional Medical Center
Attn: Patient Financial Services
1460 Orange Street
Coshocton, Ohio 43812