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FINANCIAL ASSISTANCE APPLICATION

*****Please note that due to the new Affordable Care Act (Obamacare) Health Insurance requirements, Indiana Gastroenterology will not offer Corporate Financial Assistance to Self Pay patients after March 31, 2014.*****

Name:		Number of dependents:	
Home address:			
Phone number:			
Have you previously applied for assistance with Indiana Gastroenterology, Inc.? Yes / No			
Do you carry insurance? Yes / No		If yes, name of policy:	
If you have an active application for Medicaid please provide caseworkers information below:			
Name:		Phone number:	

Attach you most recent federal income tax return with copies of W2 and mail or fax to our office.

Indiana Gastroenterology, Inc.
8902 N Meridian Street, Suite 225
Indianapolis, IN 46260
Fax: (317) 875-3286

POLICY AND TERMS

Indiana Gastroenterology, Inc. will provide financial assistance to patients that meet certain financial criteria. The criteria are based on the current Health and Human Services Poverty Guidelines. Patients who fall below 280% of the poverty guidelines will qualify for financial assistance.

To qualify for financial assistance a patient must apply for assistance and provide the office with authoritative proof (most recent income tax return with W2s attached) of financial need. The application of this policy will be based on total household income and current number of dependents.

The discounts listed in the policy will apply to the patient's portion of the bill (i.e. co-pays, deductibles, non-covered services) at the time of application and are good for one year from the date the application is processed. This policy is for our physician's charges only, and is not applicable for any facility, laboratory, radiology or pathology fees.

For patients qualifying for more than a 50% discount an active application for government assistance (Medicaid / SSD) is required. Our office will need notification of your caseworker's name and contact number for verification. If no active application is in place, only a 50% discount will be given.

For patients applying for assistance more than once an active application for government assistance (Medicaid / SSD) is required. Our office will need notification of your caseworker's name and contact number for verification. If no active application is in place, no discount will be given.

The discount does not apply to balances that have been forwarded to a collections agency.

If payment arrangements are not met the agreement is terminated and your account will be adjusted to reflect your balance prior to our corporate financial assistance.