

Preston Memorial Hospital provides health care as it is deemed “medically necessary and appropriate” to all who seek it, without discrimination due to age, sex, race, religion, national origin or ability to pay. Such care may be provided free or below cost to those patients who have completed application requirements and meet income guidelines. If qualified, Preston Memorial Hospital will provide financial assistance for all medically necessary services.

Cosmetic and/or purely elective procedures (including but not limited to cosmetic or restorative surgeries) or procedures that may otherwise not be covered by Medicare, Medicaid, as well as third party payers, may not be eligible for financial assistance if they are determined to be elective, cosmetic, and/or not medically necessary. Physician services and other services that are not billed by Preston Memorial Hospital are not eligible for financial assistance.

All patients requesting financial assistance must complete a Financial Assistance Application. When you are registered as a patient, we will ask about your coverage for the healthcare services needed for the visit. If you do not have coverage, or your coverage will be minimal, we will either give you our financial assistance application or offer assistance of a financial counselor, who will go over the financial assistance application with you. You will need to complete the Financial Assistance Application form, provide all information it requests and return to us in a timely manner.

Preston Memorial Hospital uses the Federal Poverty Guidelines to help in determining a patient’s eligibility for financial assistance. The patient/family size whose income is less than 200% of the Federal Poverty Guidelines may be eligible for financial assistance.

The amount of discount varies based on income and family size. If your income falls into these guidelines, you may be eligible for financial assistance.

POVERTY LEVEL			
FAMILY SIZE		GROSS INCOME	
ONE	MONTHLY	\$ 990.00	--- \$ 1,980.00
TWO	MONTHLY	\$ 1,335.00	--- \$ 2,670.00
THREE	MONTHLY	\$ 1,680.00	--- \$ 3,360.00
FOUR	MONTHLY	\$ 2,025.00	--- \$ 4,050.00
FIVE	MONTHLY	\$ 2,370.00	--- \$ 4,740.00
SIX	MONTHLY	\$ 2,715.00	--- \$ 5,430.00
SEVEN	MONTHLY	\$ 3,060.83	--- \$ 6,121.66
EIGHT	MONTHLY	\$ 3,407.50	--- \$ 6,815.00

Applications are available at all registration and clinic areas. Applications are also available on our website www.prestonmemorial.org.

For more information about the Financial Assistance Program or to request a financial assistance application, our financial counselor is available Monday-Thursday 7:30 am- 6:00 pm or you may call 304-329-4719.

If you do not have insurance, you will not be charged more for services than the amount generally billed to those who have insurance.