



Eau Claire Cooperative Health Centers, Inc. Good Samaritan Plan

The Eau Claire Cooperative offers financial assistance to qualified patients and their household members for visits to any of its office locations. The Cooperative also provides discounted assistance for prescriptions. All Labs will be slid according to financial level. All GSP patients must have proper identification.

Financial assistance can start today!
To see if you qualify, review the following information...

Qualifying is easy as 123 or ABCD

Find your household size and monthly income on the chart.

- Step 1. Circle Household Size
- Step 2. Circle Monthly Gross Income Range (on same line) for household size you selected.
Household income must be within the range to qualify.
- Step 3. Circle Category A, B, C, or D that fits your income range

CHART – Find your Financial Level

Household Size	Income @ or less than	Monthly Gross Income Ranges		Income @ or more than
	A –35%	B –50%	C –75%	D –100%
1	1148	1149-1276	1277-1488	1489
2	1540	1541-1711	1712-1996	1997
3	1931	1932-2146	2147-2504	2505
4	2323	2324-2581	2582-3011	3012
5	2715	2716-3016	3017-3519	3520
6	3106	3107-3451	3452-4026	4027
7	3498	3499-3886	3887-4534	4535
8	3889	3890-4321	4322-5041	5042
9	4281	4282-4756	4757-5549	5550
10	4672	4673-5191	5192-6056	6057

Income above the 75% (Level D) pays 100%

If you circled A – B – C – D *This is what you pay for the following services:*

CHART #2 – Your Financial Category Level

Financial Category Level	Office visit	MD during Hospital stay (per day)	Procedures (per \$100)	Lab Services within Formulary (Per test)
A	35%	35%	35%	35%
B	50%	50%	50%	50%
C	75%	75%	75%	75%
D	100%	100%	100%	100%

Example:

- Step 1. If your household size is 4 (Circle 4)
- Step 2. If your monthly gross income is \$2343 (Circle the range 2324-2581)
- Step 3. Your income range would be in category B, so (Circle B)

All your fees will be marked on the B line of CHART #2

For more information about the Good Samaritan Plan, contact:
GSP Coordinator at (803) 733-5969 Extension 4129

To sign up for the GSP, we need to know the following..... Today's date: ____/____/____

Family Information

Applicant's Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____

Please list all household members (include yourself)

Family Member	Name(s)	DOB MM/DD/YYYY	Social Security Number	Student (S)	Employed (E)	Other (O)	Office Use Only
1		/ /					
2		/ /					
3		/ /					
4		/ /					
5		/ /					
6		/ /					
7		/ /					
8		/ /					
9		/ /					
10		/ /					

For financial assistance to continue beyond today, income documentation and picture ID is required.
Patients with Commercial Insurance Coverage are not qualified for GSP

	Income Documentation <i>Only one of the following and current ID is needed! Bring one in before your next visit.</i>	In compliance with Federal laws, I certify that the information submitted is true. Information should be updated every year or upon request.
1.	One month's worth of check stubs Date: _____ Weekly \$ _____ Or Every (2) weeks \$ _____ Or Monthly \$ _____	Applicant's Signature _____ Date _____ <i>Patients who do not provide the required documentation will be required to pay full charges at the next visit.</i>
2.	Unemployment Statement of Benefits	
3.	IRS Form 1040	
4.	Social Security Check Stub or statement	Office Use Only
5.	Public Assistance Award Letter	Approved _____ Level _____ Date _____ Disapproved _____ Reason _____
6.	Other Proof of Income	CSR/CSTL Signature _____
Current ID		
	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	Weekly _____ Monthly _____ Yearly _____

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