



Financial Assistance Program Plain Language Summary

The Hospital Authority of Wilkes County offers discounted care under a Financial Assistance Program to qualified individuals for emergency and medically necessary services. The Hospital Authority does not discriminate in the provision of emergency or medically necessary care based on ability to pay or source of payment.

Emergency and or Medically Necessary care is not charged more than the Amount Generally Billed (AGB).

Eligibility Criteria Overview

- Income less than or below 200% of the Federal Poverty Level (FPL), or have annual household income that is greater than or equal to 200% but not greater than 300% of the FPL.
- Not eligible for government assistance
- Financial need
- Provide necessary documentation and information about your household finances (see application form for details)

If you need information about the financial assistance plan or an application form:

- Online - <https://www.willsmemorialhospital.com/>
- By Phone – Call us at 706-678-9333 to schedule a time to meet with a Financial Counselor at Wills Memorial Hospital.
- By Mail – Call us at 706-678-9333 to request a copy by mail. Hard copies available in English and Spanish.

Completed Financial Assistance Application and Supporting Documentation may be mailed to:

**Wills Memorial Hospital
Attn: Financial Assistance Program
120 Gordon Street
Washington, GA 30673**

*If you have questions about your bill or need to schedule a payment plan, call
WMH Patient Financial Services at 706-678-9333.*