

## REFERRAL FORM

Serving Cass, Carroll, White, and other surrounding counties.

**Please fax this completed form to (574) 753-1756 or email to [kflora@logansportmemorial.org](mailto:kflora@logansportmemorial.org).**

*The Connect2Care Program will serve women of all ages and income levels, but financial assistance can be accommodated. Patients whose family income does not exceed four times the Federal Poverty Guidelines may be eligible for community assistance. The Connect2Care Nurse Navigator can help complete the required application for Logansport Memorial's Community Assistance Program as needed.*

### Patient Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Expected Delivery Date \_\_\_\_\_ Preferred Language \_\_\_\_\_  
Phone Number \_\_\_\_\_ Okay to text? (Circle One): YES NO  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please circle the areas that you would like us to focus on. Circle all that apply:**

Diabetes      Smoking Cessation      Substance Use      Pre-term Infant      Breastfeeding Support  
Father/Partner Support      Low Birth-Weight Infant      Home Safety      Additional Resources

### Referring Party Information

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

### CONTACT US

1101 Michigan Avenue | Logansport, IN 46947  
P: (574) 753-1704 | Cell: (574) 702-8984 | [kflora@logansportmemorial.org](mailto:kflora@logansportmemorial.org) | [www.LogansportMemorial.org](http://www.LogansportMemorial.org)



# Community Assistance Policy

## PLAIN LANGUAGE SUMMARY

This plain language summary is being provided to you to help explain Logansport Memorial Hospital's Community Assistance Policy. It summarizes eligibility requirements for assistance and provides contact information so that you can obtain further information regarding the policy or apply for community assistance.

### **Do I qualify?**

Patients whose family income does not exceed four times the Federal Poverty Guidelines may be eligible for community assistance. Certain family household income and number in household is considered in making the determination for eligibility under the Community Assistance Policy. Patients must complete a Community Assistance Application in order to be considered under Logansport Memorial's Community Assistance Program.

### **How do I obtain more information?**

The Community Assistance Policy and the Community Assistance Application provide more detailed information regarding eligibility and the application process, and are available on the hospital website or by sending a written request to:

Attn: Financial Counselors  
Logansport Memorial Hospital  
1101 Michigan Avenue  
Logansport, IN 46947

LMH website: [www.LogansportMemorial.org/Community-Assistance/](http://www.LogansportMemorial.org/Community-Assistance/)

The Community Assistance Policy and the Community Assistance Application are also available by calling the Financial Counselors at (574) 753-1371 or (574) 753-1577, or by visiting the Cashier Office between 7 am and 4:30 pm Monday—Friday.

## Included Listings for Community Assistance Policy

### **Behavioral Health**

Pam Watterson, LCSW  
Amy Yoder, MA, LMHC

### **Camden Health Center**

Benjamin Anderson, DO  
Linda Stapleton, NP

### **Express Medical Center**

Kimberly Bice, NP  
Rene Gutierrez, MD  
Rachel Emery, NP  
Laura Hess, NP  
Lois Taylor-Wolfe, NP

### **Family Medicine—Suite 270**

Olusina Akande, MD  
Tonya Brown, MD  
Viktor Hinov, MD  
Kamlesh Kaul, MD  
Robert McKissick, MD  
Cory Neumann, MD  
Kelly Carden, NP  
Stephanie Dill, FNP  
Kelsey House, NP  
Tara Hughes, NP  
Stacie Stutzman, NP

### **Healthy Companies**

Sarah Miller, NP

### **Internal Medicine—Suite 170**

Cherie Bennett, MD  
Vivek Sahgal, MD  
Lynette Smith-Caillouet, MD

### **Orthopedics/Podiatry**

E. Alex Lebrija, DPM  
Ganesh Ramachandran, DO  
Jason Ummel, DO  
Kral Varhan, MD  
Jamie Ross, NP  
Courtney Schroeder, PA

### **Pediatrics—Suite 330**

Eren Cetin, MD  
Craig Pawlowski, MD  
Paul Ploegmann, MD  
Namita Sahgal, MD

### **Peru Medical Center**

Stephen Kennedy, MD  
Sharon Cooley, NP

### **Surgical Services—Suite 215**

#### **Dermatology**

Alan Anthony, MD  
Jan Hoover, NP

#### **Ear, Nose and Throat**

David Short, DO  
Stacey Shilts, AUD

#### **General Surgery**

Shannon Davis, DO  
Michael Lalla, MD  
Todd Weinstein, MD

#### **Urology**

Stephen Beck, MD

### **Women's Health Center—Suite 115**

Amy Austin, MD  
Timothy Hall, MD  
Jessica McClintock Glover, MD  
W. Bruce Murray, MD

### **Hematology/Oncology**

Ruemu Birhiray, MD  
Raymond Harwood, MD  
Jenelle Miller, MD  
Brian Mulherin, MD  
Jessica Fosbinder, NP  
Sandra Garofalo, NP  
Lindsey Kaufman, NP  
Michelle Wright Mast, NP

### **Radiation Oncology**

Sandeep Bhawe, MD  
James Currier, MD  
John Marvel, MD  
Vasu Tumati, MD

### **Pain Management**

Shazia Siddiqui, MD

### **Hospitalists**

Benjamin Anderson, DO  
Lynette Smith-Caillouet, MD  
Rose Ewing, NP  
Beth Hershberger, NP  
Misty Swan, NP  
Rachel Teiffel, NP

### **Rheumatology**

Steven Behrendsen, DO

### **Rochester Health Center**

Julius Sitjar, MD

### **Wound Care—Suite 90**

Monica Davis, NP

## Excluded Listings for Community Assistance Policy

### **Anesthesiology**

NorthStar Anesthesia  
CCI Anesthesia

### **Cardiology—Suite 50**

Franciscan St. Elizabeth Healthcare

### **Emergency Medicine**

NES Health

### **Neurology**

Indiana Neurology Specialty

### **Neurology**

Unity Healthcare

### **Professional Lab Services**

LabCorp

### **Pathology**

South Bend Medical Foundation

### **Radiologists**

Summit Radiology

## COMMUNITY ASSISTANCE APPLICATION

You may be eligible for financial assistance to pay for medical services received at Memorial Hospital. If your income falls within the amounts in the table below according to the size of your family, you may apply for assistance.

Family Size	Gross Income \$
1	51,040
2	68,960
3	86,880
4	104,800
5	122,720
6	140,640
7	158,560
8	176,480
9	194,400

Add \$4,480 for each additional person in your family.

Please submit the following information to the address below within 60 days of the service you received at Logansport Memorial Hospital.

### Required Information:

1. **Patient Name:** \_\_\_\_\_
2. **Date of Service:** \_\_\_\_\_
3. **Number of people living in your household** \_\_\_\_\_
4. **Household Income** \_\_\_\_\_
5. **Copy of a paycheck stub or last year's W-2 form.**

If this application has not been submitted in a timely manner, your full payment will be due within 30 days of receiving your bill.

For your convenience, cash, check, MasterCard, Visa or Discover will be accepted as payment options.

For questions, to send information, or to make payment arrangements on your account, contact:

### Financial Counselor

Logansport Memorial Hospital  
1101 Michigan Avenue  
Logansport, IN 46947  
**574.753.1371**