

Receive Care.

Medically Indigent Assistance Program (MIAP)

The MIAP pays for inpatient hospital services for needy citizens of the state. It is funded by contributions from county governments and general hospitals.

Who Can I Contact For More Information or Help?

Carolyn Smalls
Inpatient Coordinator/MIAP
Charleston Memorial Hospital
326 Calhoun Street
Charleston, SC 29401
(843) 953-8833

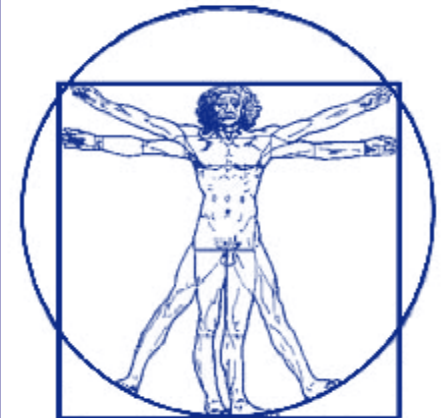
Carl S. Moore
Reconsideration Designee
County of Charleston
MIAP Reconsideration
4045 Bridge View Drive
North Charleston, SC 29405
(843) 202-6960

State of South Carolina
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206



County of Charleston
MIAP Reconsideration
4045 Bridge View Drive
North Charleston, SC 29405

MEDICALLY INDIGENT ASSISTANCE PROGRAM



Helping You ...

Who May Apply?

South Carolina residents unable to pay for their hospital care when their doctor decides hospitalization is necessary.

Who Should Not Apply?

People who:

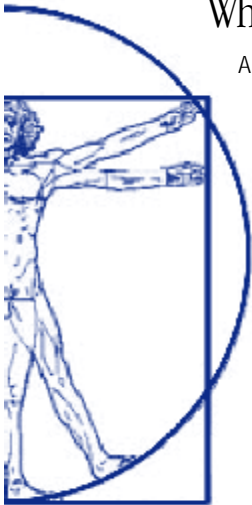
- have Medicaid
- have Medicare Part A Benefits
- have medical insurance which will pay 80% or more of the hospital bill
- are in governmental institution (state hospital or correctional facility). However, inmates awaiting trial may apply.

When Can I Apply?

As early as 30 days before the date you are to enter the hospital, while you are in the hospital or within one (1) year after your hospital stay.

How Often Do I Apply?

You need to apply for assistance each time you enter the hospital.



What Is Looked At To Decide If I May Be Eligible?

- You must be a resident of South Carolina
- You must be a U.S. citizen or permanent resident alien
- Your gross family income must be no more than 200% of the federal poverty guidelines
- Your property, bank accounts and other resources can not exceed certain limits

What is the Federal Poverty Guideline?

It is the most income a family can have and receive help from certain government programs. In May 2003, the following income guidelines were set:

For a family size of one (1) -

- 100% of poverty is \$8,980
- 200% of poverty is \$17,960

For a family size of three (3) -

- 100% of poverty is \$15,260
- 200% of poverty is \$30,520

What Services Are Covered?

Services received outside the hospital are not covered, including outpatient hospital services and doctor visits. While you are in the hospital, services provided by a doctor are not covered.

What About An Emergency?

When you enter the hospital because of a medical emergency, the hospital will take your application and send it to the county in which you live.

Will I Have To Pay?

If your family's income is below 100% of the federal poverty level, your bill will be paid in full. You will be asked to pay a portion of your hospital bill if your family's income is between 100% and 200% of the federal poverty level. The amount that you will be asked to pay on your hospital care depends on your family's income.

What if I Have a Complaint?

If you disagree with the decision on your application, you must write your County's Reconsideration Designee (see the contact list on the opposite side of this panel) within thirty (30) days after you receive your letter of denial to request a review of the decision on your case.