The Citizens Action Coalition Education Fund (CACEF) is the research and education arm of the Citizens Action Coalition (CAC), Indiana’s oldest and largest consumer rights group. Both CAC and CACEF work for fair utility rates, affordable health care, and a clean environment.

CACEF is working on the Hospital Accountability Project (HAP) in Marion County. The project’s goal is to ensure that non-profit hospitals in Indianapolis earn the tax breaks they receive by providing an adequate amount of financial assistance/charity care to underinsured and uninsured citizens.

Your response to this survey will help us understand how local hospital practices are affecting individuals and families in Marion County. If you have problems with hospital bills, please complete the survey below. No personal information provided will be used without obtaining your permission first.

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Do you have health insurance? ___ Yes ___ No
  If Yes: Do you use it? ___ Yes ___ No
  If you don’t use your insurance, why?
    ___ Co-pay too high ___ Deductible too high ___ Doesn’t cover what I need
    ___ Other ___________________________________________________________

Do you owe money to a hospital?
  ___ Yes – approximately, how much? _______________
  ___ No

What hospital(s) do you owe?
  ___ St. Vincent ___ St. Francis
    ___ IU Health ___ Community Hospital
    ___ Other ___________________________

Did you have insurance when you received treatment that resulted in the debt?
  ___ Yes ___ No
If Yes, did the insurance cover any of the costs?
  ___ Yes ___ No

Have you had problems getting care at a hospital?
  ___ Yes What Hospital – please mark all that are appropriate
    ___ St. Vincent ___ St. Francis
    ___ IU Health ___ Community Hospital
    ___ Other ___________________________

Have you or someone in your family not gone to the hospital because you were scared of the cost? ___ Yes ___ No
Hospital Accountability Survey

Did the hospital ask you to pay before you received medical care?
___ Yes  ___ No

While at the hospital were you told about (check all that apply)
___ Payment plans are available  ___ Not told about any help or programs
___ How to apply for Medicaid/Medicare or other government programs
___ An application for Medicaid/Medicare or other government programs
___ Reduced cost for uninsured or underinsured
___ Financial Assistance

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DEMOGRAPHIC INFORMATION

We are collecting this information to help with our data collection – we appreciate you providing
the information requested, however it is not required.

Gender:  ___ Male  ___ Female

Age:  ___

Ethnicity:
___ Black/African American  ___ Hispanic
___ White/Caucasian  ___ Other

Total family income (before taxes): $____________________

Current employment status:
___ Full time  ___ Unemployed
___ Part-time (how many jobs? ___)  ___ Student
___ Self-Employed  ___ Retired
___ Other (please describe) __________________________________________

Zip Code:_____________________

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Another part of HAP will include community meetings which will provide important information
on how to access the world of financial assistance at non-profit hospitals. There will also be free
training in consumer advocacy, ways to negotiate hospital bills, managing debt, and how to
avoid bankruptcy. If needed, free legal advice is available at the end of the meeting. Please
provide your contact information so you can receive a mailing about an upcoming meeting.

Name:________________________________________

Address:________________________________________

Phone # __________________ Alternate # __________________________

e-mail ____________________________

Is there an alternate way to reach you? __________________________

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Completed surveys can be returned to the location where you received it or mailed to: CACEF
at the address listed below.

Citizens Action Coalition Education Fund
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