



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.

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

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
☐ White/Caucasian

- ☐ Hispanic
☐ 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:

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?

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

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