

Indiana Legal Services, Inc

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Medical Options for the Uninsured

What programs are available to people who need medical care and do not have health insurance?

There are a number of programs to help people who do not have health insurance. You must meet certain requirements for each program. Some of the programs include Medicaid, Medicare, and poor relief through township trustees.

Medicaid Medicaid is a government-funded health insurance program. Eligibility is based on both financial and non-financial rules that vary according to the Medicaid category. Pregnant women, TANF recipients, children, people over age 65, and people unable to work due to disability are among those who may be eligible for Medicaid. To apply for Medicaid, contact your local Office of Family and Children (OFC).

Medicare Medicare is a program for Social Security (but not SSI) recipients who are 65 or older; disabled and on Social Security for at least 24 months; or who have end-stage renal disease. Medicare is not based on income but has a more limited benefit package. For example, Medicare does not pay for prescriptions. Medicare recipients may also be eligible for Medicaid or programs such as Qualified Medicare Beneficiary (QMB). QMB pays Medicare premiums, coinsurance, and deductibles and may be applied for through your local OFC. To apply for Medicare, contact your local Social Security office.

How do I get medical care if I do not qualify for Medicaid or Medicare?

1. First, make sure that you are not eligible for medical insurance through work, your spouse, Medicaid, or Medicare.
2. Check with your local county hospital for programs that provide medical care at a low cost or sliding fee scale.
3. Also check with your county health department which may refer you to special programs, such as for immunizations.
4. Talk with your doctor or health care provider to discuss your options to pay for care.

What should I do if I am hospitalized on an emergency basis but I do not have insurance?

Most hospitals have staff social workers. Ask to speak with one who may be able to help you apply for various benefits. It is possible that your illness may make you eligible for certain

programs. Ask the hospital billing office for help with financial aid programs that they may have available.

Can I be denied medical care because I cannot pay for it?

Not if you have a medical emergency and go to the hospital emergency room. The definition of an emergency is a medical condition that if you don't get immediate medical attention could reasonably be expected to result in:

1. placing the health of the individual in serious jeopardy;
2. serious impairment to bodily functions; or
3. serious dysfunction of any bodily organ or part.

The hospital emergency room staff must evaluate your condition. But if your symptoms don't meet the things listed above the staff does not have to treat you.

What if I am injured on the job?

Most workers are covered by Worker's Compensation, a state program that pays for medical care. You may also be entitled to a portion of your lost wages. To use the program, you must promptly report injuries to your employer. If your employer refuses to provide benefits to you, contact the Worker's Compensation Board at 1-800-824-2667 for help with your claim.

What help is available from the township trustee?

Township trustees are responsible for the medical necessities of the poor. If you are not eligible for Medicaid or any other medical program (or your application for such a program is pending), you may be eligible for trustee assistance. This assistance could include doctor's fees, prescriptions, and many other medical needs.

The township trustee must take a written application from you and provide a written decision about what help you will receive. Income and resource rules vary from township to township. You have the right to appeal any denial of help.

What do I do if I can't afford my medications?

People with low incomes who are not eligible for Medicaid or other prescription coverage may benefit from one of the many Indigent Drug Programs offered by drug manufacturers. Hoosiers over the age of 65 may also be eligible for Hoosier Rx.

How do I appeal if I am denied any of these benefits?

You should immediately follow the instructions for appealing on any notices you receive. If you mail your appeal, you may want to use certified mail so you have proof that you appealed on time. If you appeal, be sure to meet all deadlines and attend all hearings. You also should contact a private attorney or your local legal services agency for help with your appeal.

What if I served in the military?

In order for you to be eligible for enrollment for Veteran's healthcare, you must have:

- Been discharged from active military service under honorable conditions.
- Served a minimum of 2 years if discharged after September 7, 1980 (prior to this date there is not time limit).
- If you were a National Guardsman or Reservist, served the entire period for which you were called to active duty other than for training purposes only.

The VA will determine your eligibility using 7 different categories for veterans. The categories have to do with whether you have a service-connected injury or illness and what type of injuries or illnesses were identified on your physical when you left the service. You can call 1-877-222-VETS if you have any questions. The amount of healthcare you can receive is based on the category the VA determines.

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