

Financial Assistance Program – Plain Language Summary

Hospital Authority of Miller County offers discounted care under a Financial Assistance Program to qualified individuals for emergency and medically necessary services. The Hospital Authority of Miller County does not discriminate in the provision of emergency or medically necessary care based on ability to pay or source of payment.

Emergency and or Medically Necessary care is not charged more than the Amount Generally Billed (AGB).

Eligibility Criteria Overview

- Income less than that is below 200% of the FPL, or have annual household income that is greater than or equal to 200% but not greater than 300% of the FPL
- Not eligible for government assistance
- Financial need
- Provide necessary documentation and information about your household finances (please see application form)

If you need information about financial assistance or an application form:

ONLINE Visit our Patient Information page

BY PHONE Call us at (229)758-3554 to schedule a time to meet with a Financial Counselor at Hospital Authority of Miller County.

BY MAIL

Print our Financial Assistance Application Form and mail the completed form to:

Hospital Authority of Miller County

Attn: Financial Assistance Program

209 N Cuthbert Street

PO Box 7

Colquitt, GA 39837

Please call (229) 758-3554 for documents in Spanish.

If you have questions about your bill or need to set up a payment plan, call Patient Financial Services at (229) 758-3554.