

### **Financial Assistance Summary**

Financial Assistance for low income, uninsured or underinsured individuals with their hospital claims is available to all who qualify. Our Financial Assistance program is in the form of a discount off of our commercial payment rates. Any open balance including co-pay and deductible balances are eligible to be considered for a discount.

#### **Who is Eligible?**

“You” refers to the patient, or to the person who has legal obligation to pay for the patients care (e.g., a parent for a minor patient)

You are eligible for financial assistance if your income is less than 300% of federal poverty guidelines. Attachment A includes those guidelines. If you are eligible and if you apply, you will qualify for Financial Assistance. Homeless patients automatically qualify.

#### **What Financial Assistance Will I Receive?**

Financial Assistance is in the form of a discount off the rate the hospital would receive from our largest volume commercial payor. The discount is a sliding scale, depending on your income. Attachment A sets forth the discount percent available in the various income categories.

No qualifying patient will be charged more for emergency or other medically-necessary care than the amount the hospital would charge its highest volume commercial payor.

#### **What Services Are Covered?**

All hospital services provided which are medically necessary and apply to patients residing within our defined primary service area.

Primary Service Area consists of the following counties:

- Fulton
- Hamilton
- Herkimer
- Montgomery
- Saratoga

If your county of residence is not listed above and you would like to apply for Financial Assistance we encourage you to do so. No application will be refused due to location of residence.

#### **How to Apply:**

Applications and/or confidential assistance with completion of the application is available from any Registrar or from our Patient Accounting office by calling (518)773-5551.

You will be asked about your household income. This refers to income before deductions (taxes, social security insurance premiums, payroll deductions, etc.) Total Household Income is income from all members of a household from the following sources: wages, unemployment income, Worker's

Compensation, Veterans benefits, Social Security Income, Disability Insurance, public assistance (Welfare), alimony, child support and other cash income.

House hold includes the following people living in the same home:

- Guarantor
- Guarantor's spouse
- Guarantor's children/minor dependents and step-children (i.e. children living with grandparents that are legal guardian).
- Guarantor's unmarried partner, if they have child(ren) from previous relationships also qualify if living in the home.

You will be asked to provide the following information in connection with your application for financial assistance:

1. A completed application
2. Most recent Federal Tax Return (optional)
3. Copies of most recent payroll stubs (4weeks)

**Application Processing:**

For efficient processing NLH requests application submission within 30 days of the first billing statement, however a Financial Assistance application may be submitted at any time within 240 days after the first billing statement. Extraordinary collection efforts may be commenced after 120 days from the first billing statement, if no application has been submitted.

Upon filing a completed application, you may disregard any Nathan Littauer Hospital bills until you receive notification of determination of your application.

The Hospital will respond in writing with a determination within 30 days of receipt.

Applications deemed to be incomplete will be returned to the applicant with notification that failure to provide all required data within 30 days of receipt of the returned application could result in a denial for financial aid.

**Payment Plans:**

For those balances after the Financial Assistance award the hospital will request no more than 10% of the household gross monthly income as the monthly payment.

If you feel at any time that the payment arrangement has become a burden due to a change in financial situation you may contact our financial counselor at (518)773-5551 to discuss.

**Exclusions:**

This policy only covers services provided by the Hospital. This policy may not apply to other bills you may receive for Nursing Home services or from private physicians who may be involved in your care including but not limited to: Radiologists, Pathologists, Anesthesiologists or Emergency Room Physicians

Applications are approved for a period of twelve months and are effective as of the first day of the first day of the month in which the services for which the application was submitted were provided.

**Appeal:**

Patients have the right to a written appeal of decision within 45 days of denial. Appeals must be submitted in writing with any additional information to Patient Financial Services.

If you have any concerns or issues you are unable to resolve with the Hospital you may call the New York State Department of Health at 1-800-804-5447.

# 2015 Income Guidelines

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\* For family units of more than 8 members, add \$4,160 for each additional member.