

### **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 Medicare 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 apply and are eligible, you will qualify for Financial Assistance. Homeless patients automatically qualify.

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

Financial Assistance, for those without insurance, is in the form of a discount off the amounts generally billed to Medicare. Assistance for balances after insurance will use a simple discount from the sliding scale. 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 amounts generally billed to Medicare.

#### **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.

Please see our Financial Assistance Policy for a list of physicians and other service providers that may participate in our financial assistance program.

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

An application may be obtained from any Registrar, Patient Account Representative or from our website at [www.nlh.org](http://www.nlh.org) or by calling (518) 773-5551 and an application will be sent to you. Applications and/or confidential assistance with completion of the application is also available at the hospital from any

Registrar or from our Patient Accounting office by calling (518)773-5551. Interpreter services are available upon request.

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)
4. Copies of last two bank statements
5. Application to Medicaid and provide copy of denial (only if income guidelines suggest Possible eligibility.

#### **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 by the hospital after 120 days from the first billing statement (if no application has been submitted). These extraordinary collection efforts could include the following:

- Liens
- Attaching or seizing bank accounts or personal property
- Garnishing wages

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 to your completed application in writing with a determination of eligibility 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, Emergency Room Physicians or Hospitalists.

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.

Attachment A

2023 Financial Assistance Income Guidelines

Family Size	Annual Income					Discount Amount %
	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	
1	\$ 14,580.00	\$ 21,870.00	\$ 29,160.00	\$ 36,450.00	\$ 43,740.00	Over
2	\$ 19,720.00	\$ 29,580.00	\$ 39,440.00	\$ 49,300.00	\$ 59,160.00	Over
3	\$ 24,860.00	\$ 37,290.00	\$ 49,720.00	\$ 62,150.00	\$ 74,580.00	Over
4	\$ 30,000.00	\$ 45,000.00	\$ 60,000.00	\$ 75,000.00	\$ 90,000.00	Over
5	\$ 35,140.00	\$ 52,710.00	\$ 70,280.00	\$ 87,850.00	\$ 105,420.00	Over
6	\$ 40,280.00	\$ 60,420.00	\$ 80,560.00	\$ 100,700.00	\$ 120,840.00	Over
7	\$ 45,420.00	\$ 68,130.00	\$ 90,840.00	\$ 113,550.00	\$ 136,260.00	Over
8	\$ 50,560.00	\$ 75,840.00	\$ 101,120.00	\$ 126,400.00	\$ 151,680.00	Over
	100%	80%	60%	40%	20%	0

\* For family units of more than 8 members, add \$5,140 for each additional member.