Financial Assistance Summary

Financial Assistance for low income, uninsured or underinsured individuals with their Nathan Littauer Hospital Association claims is available to all who qualify. Our Financial Assistance program is in the form of a discount off of our Medicaid 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 400% 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 Medicaid. 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 Medicaid.

What Services Are Covered?

All Nathan Littauer 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
- All Patients, regardless of residency of the city, state, or country is not a determining factor for financial assistance for those patients at or below 200% of the Federal Poverty Guidelines

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 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:

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Our facility will also accept non-related household members when calculating family size.

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

- Complete Application
- Most recent Federal Tax Return(optional)
- Copies of last 4 pay stubs
- Copies of last two bank statements(Not required for patients at or below 200% of the Federal Poverty Guidelines.
- Application to Medicaid and provide copy of denial(only if income guidelines suggest possible eligibility)
    - Patients who are uninsured and at or below 200% of the Federal Poverty Guidelines will be encouraged to apply for Medicaid, but it is not a requirement to apply for financial assistance.

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 during the collection process. Extraordinary collection efforts may be commenced by the Nathan Littauer after 180 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 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 Nathan Littauer will request no more than 5% 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 Nathan Littauer Hospital Association. 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

Federal Poverty Levels (2025)			
Household Size	**200%**	**300%**	**400%**
1 Person	$ 31,300	$ 46,950	$ 62,600
2 Persons	$ 42,300	$ 63,450	$ 84,600
3 Persons	$ 53,300	$ 79,950	$ 106,600
4 Persons	$ 64,300	$ 96,450	$ 128,600
5 Persons	$ 75,300	$ 112,950	$ 150,600
6 Persons	$ 86,300	$ 129,450	$ 172,600
7 Persons	$ 97,300	$ 145,950	$ 194,600
8 Persons	$ 108,300	$ 162,450	$ 216,600