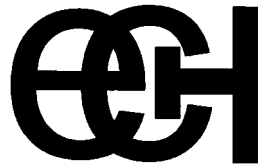


## Elizabethtown Community Hospital

Elizabethtown Community Hospital is proud of our not-for-profit mission to provide quality care with skill, compassion, and dignity to all who need it 24 hours per day, 365 days per year.

We may be able to help you if you do not have health insurance or if your insurance does not cover all costs. Elizabethtown Community Hospital provides financial aid to patients based on their income and needs. We will work with you to arrange a manageable payment plan.

It is important that you let us know if you will have trouble paying your bill. For more information, please contact the Business Office at 873-3150 or stop by our office at 75 Park Street, Elizabethtown, NY. We will treat your questions with confidentiality and courtesy.



Elizabethtown Community Hospital  
75 Park Street, P.O. Box 277  
Elizabethtown, NY 12932  
(518 873-6377  
[www.ech.org](http://www.ech.org)

**Do you need help  
paying your  
medical bills?**

**Maybe we can help.**



*Helping Hands  
Program*

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**Elizabethtown Community Hospital  
2009 Guidelines**

## What is the Helping Hands Program?

The Elizabethtown Community Hospital's *Helping Hands Program* offers free or reduced care to our eligible patients.

## How do I apply?

If you would like to apply for Helping Hands services, you may obtain an application at the Elizabethtown Community Hospital Business Office, Patient Registration, Westport Health Center, High Peaks Health Center, and the Elizabethtown Community Health Center or call the Business Office at 873-3150.

## What is involved in the application process?

For the application process you will need:

- A copy of your most recent tax return
- Proof of income from all sources for the most recent 3-month period
- Documentation of ineligibility for Medicaid (may be required)

Any action reasonably necessary will be taken to obtain any assistance first (through Medicaid, Medicare or Commercial Insurance, etc.) which may be available for payment of hospital charges.

*We can assist with the Medicaid application process.*

## Income Eligibility Criteria ~ 2009

### COVERAGE PERCENTAGE

Size of Family	100%	75%	50%	15%
1	\$10,830	\$16,245	\$21,660	\$32,490
2	\$14,570	\$21,855	\$29,140	\$43,710
3	\$18,310	\$27,465	\$36,620	\$54,930
4	\$22,050	\$33,075	\$44,100	\$66,150
5	\$25,790	\$38,685	\$51,580	\$77,370
6	\$29,530	\$44,295	\$59,060	\$88,590
7	\$33,270	\$49,905	\$66,450	\$99,810
8	\$37,010	\$55,515	\$74,020	\$111,030

*For families with more than 8 members, add \$3,740 per additional person.*

For example: If you have a family of two and your total household income is \$21,000 or less, you would be eligible for a 75% reduction of the patient's portion of their 2009 bills. The maximum reduction is \$6,500 in combined bills.

## Who is eligible for this program?

Both the uninsured and underinsured who meet the income eligibility criteria (see above chart). Free or reduced care applies only to the services provided by Elizabethtown Community Hospital, Westport Health Center, High Peaks Health Center, and Elizabethtown Community Health Center.

Services covered under this program are those that are billed from the Elizabethtown Community Hospital billing department including Westport Health Center, High Peaks Health Center, and Elizabethtown Community Health Center accounts. It does not cover physician services other than the above office visits. It will not cover the reading of any tests by physicians, ambulance services, or consulting physician's fees.

*Eligibility for the program is based on income in accordance with established procedures and without regard to race, creed, sex or national origin.*