

What is the Helping Hands Program?

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

Who can apply?

- Uninsured
- Underinsured who meet the income eligibility criteria (see chart - inside)

How do I apply?

You may obtain an application from:

- Elizabethtown Community Hospital business office or patient registration
- Westport Health Center
- High Peaks Health Center
- Elizabethtown Community Health Center
- Call the business office at 873-3150

What do I need to apply?

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)

Action will be taken to obtain assistance (through Medicaid, Medicare, commercial insurance, etc.), which may be available for payment of hospital charges.

ECH staff can assist with the Medicaid application process.



75 Park Street, P.O. Box 277
Elizabethtown, NY 12932
(518) 873-6377
www.ech.org

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

Maybe we can help.

A white silhouette of a hand is shown against a dark green background. The text 'Helping Hands Program' is written in a white, cursive font across the palm of the hand.

*Helping Hands
Program*

2011 Guidelines

Elizabethtown Community Hospital

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

The hospital provides financial aid to patients based on income and need. It may be able to help if you do not have health insurance or if your insurance does not cover all medical costs. Staff 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. Contact the hospital's business office at 873-3150 or stop by for more information.

Staff will treat your questions with confidentiality and courtesy.

ECH Helping Hands Income Eligibility Criteria ~ 2011

Size of Family	Coverage percentage			
	100%	75%	50%	15%
1	\$10,890	\$16,335	\$21,780	\$32,670
2	\$14,710	\$22,065	\$29,420	\$44,130
3	\$18,530	\$27,795	\$37,060	\$55,590
4	\$22,350	\$33,525	\$44,700	\$67,050
5	\$26,170	\$39,255	\$52,340	\$78,510
6	\$29,990	\$44,985	\$59,980	\$89,970
7	\$33,810	\$50,715	\$67,620	\$101,430
8	\$37,630	\$56,445	\$75,260	\$112,890

For families with more than 8 members, add \$3,820 per additional person.

Example: A family of two with a total household income of \$21,000 or less is eligible for a 75% reduction of the patient's portion of his/her 2011 bills. Maximum reduction is \$6,500 in combined bills.

Services covered under this program are those billed from the Elizabethtown Community Hospital billing department. This include invoices from:

- Elizabethtown Community Hospital
- Westport Health Center
- High Peaks Health Center
- Elizabethtown Community Health Center

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.