

# Elizabethtown Community Hospital

## *Financial Assistance Summary*

**Elizabethtown Community Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Our Patient Financial Assistance Program, known as Helping Hands, provides discounts to qualifying individuals based on your income. In addition, we can provide guidance in applying for free or low-cost insurance if you qualify. Just call 1-518-873-3139 or go to Registration for free, confidential assistance.**

### *Who qualifies for a discount?*

Financial Assistance is available for patients with limited incomes and no health insurance.

Everyone in New York State who needs emergency services can receive care and get a discount if they meet the income limits.

Legal residents of Essex, Clinton, Washington and Warren counties can get a discount on non-emergency, medically necessary services at Elizabethtown Community Hospital if they meet the income limits. You cannot be denied medically necessary care because you need financial assistance.

You may apply for a discount regardless of immigration status.

### *What are the income limits?*

The amount of the discount varies based on your gross income and the size of your family. If you have no health insurance, these are the income limits:-

<b>Family Size</b>	<b>Annual Family Income Maximum</b>	<b>Monthly Family Income Maximum</b>	<b>Weekly Family Income Maximum</b>
1	Up to \$43,715	Up to \$3,643	Up to \$841
2	Up to \$59,185	Up to \$4,932	Up to \$1,138
3	Up to \$74,655	Up to \$6,221	Up to \$1,436
4	Up to \$90,125	Up to \$7,510	Up to \$1,733
5	Up to \$105,595	Up to \$8,800	Up to \$2,031
6	Up to \$121,065	Up to \$10,089	Up to \$2,328
7	Up to \$136,535	Up to \$11,378	Up to \$2,626
8	Up to \$152,005	Up to \$12,667	Up to \$2,923

\* Based on the 2019 Federal Poverty Guidelines

***What if I do not meet the income limits?***

If you cannot pay your bill, Elizabethtown Community Hospital offers a monthly payment plan not to exceed 10% of your gross monthly income.

***Can someone explain the discount? Can someone help me apply?***

Yes, free confidential help is available. Call our Financial Counselor at 518-873-3139.

If you do not speak English, we can arrange for someone to assist you in your own language.

A representative from Adirondack Health Institute Enrollment Services is available to assist you in determining if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus. To arrange an appointment with the representative, residents of Essex, Clinton, Washington and Warren counties may call 1-866-872-3740 (toll free) or 1-518-562-3740.

If it is determined that you do not qualify for free or low-cost insurance, our Financial Counselor will be happy to assist you in applying for a discount.

***What do I need to apply for a discount?***

- Copies of three consecutive pay stubs, a letter from your employer indicating all income for the previous three months or your tax return. You may provide bank statements or copies of checks to prove other income.
- One form of identification.
- One proof of residency.
- A Medicaid determination letter, if your monthly gross income is below 138% of Federal Poverty Level. For an individual that is \$1,436.00. For married/household of two that is \$1,945.00.

If you are unable to provide any of these, you may still be able to apply for financial assistance.

***What services are covered?***

All medically necessary services provided by Elizabethtown Community Hospital within the preceding 240-day period are covered by the discount. This includes outpatient services, emergency care, ambulance transports and inpatient admissions. To determine whether a doctor's services can be discounted, please visit our website at [www.ech.org](http://www.ech.org).

Accounts previously referred to a collection agency for attention do not qualify for a discount after 120 days unless they were referred in error. Amounts applied as a Medicaid spenddown do not qualify for a discount.

### **How much do I have to pay?**

Depending on your income you may qualify for a 100% discount, ie free care.

You will be notified within 30 days, in writing, of your eligibility and your specific discount(s) once your application is processed.

### ***How do I get the discount?***

You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level.

Send the completed form with required documentation to Elizabethtown Community Hospital, 75 Park Street, PO Box 277, Elizabethtown, NY 12932 or bring it to the main Registration desk.

You have up to 240 days after receiving services to request financial assistance. You have 30 days to return the application after you receive it.

### ***How will I know if I was approved for a discount?***

Elizabethtown Community Hospital will send you a letter within 30 working days after completion and submission of documentation, telling you if you have been approved and the level of the discount received.

### ***What if I receive a bill while I'm waiting to hear if I can get a discount?***

You cannot be required to pay an eligible hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

### ***What if I have a problem I cannot resolve with the hospital?***

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.

*Effective 1.17.19*