



## FINANCIAL AID POLICY SUMMARY

### **Purpose:**

The purpose of this policy is to establish guidelines for Financial Aid for patients, regardless of race, creed, color, sex, national origin, sexual orientation, disability or age, who incur financial burden as a result of the amount they are expected to owe “out-of-pocket” for acute care health care services. In addition, it will assist associates in administering the Financial Aid according to the directives of the New York State Department of Health and the requirements established in Public Health Law Section 2807-2, known as the Financial Aid Law (FAL).

### **Goals and Principles:**

Financial Aid through our Financial Assistance Application Process is available to a patient who is uninsured and/or underinsured with a demonstrated inability to pay. A patient is eligible for Financial Aid consideration based upon meeting certain income eligibility criteria as established by the Federal Poverty Income Guidelines. Financial Aid will not be denied due to a patient’s inability to provide all requested documentation with the Financial Assistance Application process. Requirements will be reasonable and assistance will be provided to patients when applying.

Financial Aid Assistance applies only to medically necessary services that are provided and billed by **Jones Memorial Hospital**.

Financial Aid Assistance does not cover the following:

- Services provided by **non-Jones Memorial Hospital** providers.
- Patient convenience items and personal charges (e.g., telephone).
- Non-medically necessary services (i.e. Plastic Surgery, self-referred therapies such as massages)
- Nursing home services

The Financial Aid process is intended to identify individuals who cannot afford to pay in full for their services and meet the financial aid eligibility criteria:

- Patients who have no insurance.
- Patients with insurance but have out of pocket expenses for copays, coinsurance, deductibles, non-covered medically necessary services and for services where the benefits may have exhausted on their policies.
- Must complete the Financial Assistance Application

Applications are available as follows:

- ✓ To receive a copy in the mail or to ask any questions regarding the Financial Aid Program: Call: (585)396-6515 or 1(833)978-8325
- ✓ **Jones Memorial Hospital** Website: Download a copy
- ✓ At time of Service – ask the Registration Representative for an Application
- Total household income must be at or below 400% of the Federal Poverty Income Guidelines.

**FINANCIAL ASSISTANCE APPROVAL GUIDELINES**

2024 INCOME LEVELS							
Financial Assistance % Allowance	% of Federal Poverty Level	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
	Federal Poverty Levels (FPL)	\$ 15,060.00	\$ 20,440.00	\$ 25,820.00	\$ 31,200.00	\$ 36,580.00	\$ 41,960.00
100%	Up to 200%	\$ 30,120.00	\$ 40,880.00	\$ 51,640.00	\$ 62,400.00	\$ 73,160.00	\$ 83,920.00
80%	201% - 250%	\$ 37,650.00	\$ 51,100.00	\$ 64,550.00	\$ 78,000.00	\$ 91,450.00	\$104,900.00
60%	251% - 300%	\$ 45,180.00	\$ 61,320.00	\$ 77,460.00	\$ 93,600.00	\$109,740.00	\$125,880.00
40%	301% - 350%	\$ 52,710.00	\$ 71,540.00	\$ 90,370.00	\$ 109,200.00	\$128,030.00	\$146,860.00
20%	351% - 400%	\$ 60,240.00	\$ 81,760.00	\$ 103,280.00	\$ 124,800.00	\$146,320.00	\$167,840.00
0%	Over 401%						
Each additional household member add \$5,380							
<b>Example:</b> A one person household with a gross annual income of \$35,000 would receive a Financial Assistance allowance of <b>80%</b> as they would be below the 80% income of \$37,650 but above the 100% income of \$30,120							

- Financial Aid Assistance is available for any services received 3 months prior to the date of application.
- Patients who are applying for Financial Assistance for the first time and their income meets the program guidelines for a sliding fee scale, all services rendered within the prior 12 months (1 year) from the date of the application will be eligible for the financial assistance. Any balances previously paid by the patient will be refunded on these accounts in the (365 days) look-back
- Non- Emergency care services: A patient must reside within the county of or immediately adjoining the primary services areas of **Jones Memorial Hospital**.
- Emergency services: All patients who meet income criteria will be considered no matter where they live.

For Patients with no insurance: There will be an automatic Community Care discount on their services as follows:

- Inpatient: Discount applied to charges to the Medicare reimbursement rate or if total charges are less – total charges would be billed.
- Outpatient: Discount applied 50% to all charges.

*Note: For further Financial Aid Assistance – The Financial Assistance Application process would need to be followed.*

All applicants through the Financial Assistance Application process will receive in writing an approval and/or denial notification. Determinations can be appealed as follows:

- Directly with the **Jones Memorial Hospital** by calling: (585)396-6515 or 1(833)978-8325
- Directly with the NYS Department's Centralized Complaint Hotline: (800)804-5447

**Jones Memorial Hospital** complies with NYCRR Part 86-1.11(g)(ii), Section IX or other applicable regulations. The compliance of the program is verified annually as part of an external review through the "Bad Debt & Charity Care Audit. Additionally, the Patient Financial Services department of **Jones Memorial Hospital** performs a periodic internal review of the program by auditing logs, files and communications.

- **If you do not speak English, contact one of our Customer Service Rep's at (585)396-6515 or 1(833)978-8325 and they will contact our Interpreter Service to be able to speak to you in your preferred language as well as interpret our Financial Aid application.**