

Financial Assistance Policy – Plain Language Summary

Concord Hospital is committed to improving the health of the community by ensuring everyone has access to medical care regardless of ability to pay. Concord Hospital's Financial Assistance Program is designed to provide eligible patients full or partial discounts on their bills for emergency or medically necessary healthcare. This is a summary of Concord Hospital's Financial Assistance Policy and the financial assistance application process.

Program Eligibility

- Our Financial Assistance Policy provides free care for those who have tried all other payment options (such as Medicare, Medicaid and the health insurance marketplace), and
 - o Have household income at or below 225% of the Federal Poverty Guidelines.
 - o Have submitted a properly completed financial assistance application along with required documentation.

This reduction applies to uninsured and insured patients who owe balances after insurance payments have been made.

- Our policy also includes catastrophic assistance for uninsured patients with household income between 225% and 500% of the Federal Poverty Guidelines who have experienced a medical hardship and owe large medical bills.
- There are certain services not eligible for financial assistance, such as cosmetic services, reproductive medicine or elective non-covered services as specified by Medicare and other third party coverage guidelines.
- No person eligible for financial assistance will be charged more for care than amounts generally billed to individuals who have insurance covering emergency or other medicallynecessary care.

Where to Find Information

There are many ways to find information about our Financial Assistance application process, or get copies of our Financial Assistance Policy or application form. To apply for financial assistance you may:

- Download the information online at www.concordhospital.org
- Request the information in writing by mail or by visiting a Financial Counselor at Concord Hospital, 250 Pleasant Street, Concord NH 03301.
- Request the information directly by calling 603-227-7101 or email financialcounseling@crhc.org
- Request a Financial Assistance Application at any check-in or registration area

How to Apply

- <u>Complete a financial assistance application</u> and submit it along with the following:
 - Complete a copy of your most recent Federal Income Tax Return and all schedules. Include copies of last year's W-2 forms

- o Copies of the three most recent, paycheck stubs or a statement from the employer
- Copy of your most recent bank statement (e.g., savings, checking, money market, IRA, 401K, etc.)
- o Copies of unemployment, disability compensation benefits statements
- o Copies of social security or pension benefit income
- Copy of food stamp allocation
- Copies of government assistance notices (including the Department of Health & Human Services)
- o If you do not have all of these documents contact one of our financial counselors.

Decision & Notification

Every effort is made to finalize the decision after receipt of a complete application. Decisions are reviewed and approved by either a supervisor or a director. Notification of a decision is sent in writing.

Concord Hospital will not discriminate in the determination of financial assistance eligibility on the basis of race, color, ethnic origin, sexual orientation, marital status, creed, age, sex or disability.

Availability of Translations

The Financial Assistance Policy, application form and the plain language summary can be offered in English and Spanish or any other language upon request. For more information, please call 603-227-7101.