

Saratoga Hospital Financial Assistance Summary

Saratoga Hospital offers financial assistance to all low-income, uninsured, or underinsured individuals who qualify for assistance with their Hospital bills. Any unpaid balance, including co-pays and deductibles, may be considered for a discount.

Note: "You" refers to the patient or to the person who is legally obligated to pay for the patient's care (e.g., a parent for a minor patient).

Who Is Eligible?

You are eligible for financial assistance if your income is less than 400% of federal income guidelines. (See [Attachment B](#) for those guidelines.) If you are eligible and apply, you will qualify for financial assistance. Homeless patients automatically qualify.

Services that subsequently receive Medicaid coverage that may fall outside the scope of payment by Medicaid will be reclassified as financial assistance.

Services for patients filing for Chapter 7 bankruptcy will be reclassified as financial assistance.

What Financial Assistance Will I Receive?

We provide a discount—a percentage off the net amount of your bill. The discount is based on a sliding scale, depending on your household income plus cash reflected on current bank statements. As you can see from [Attachment B](#), the discount can range from 25% to 100%

The discount makes sure that no patient who qualifies for aid is charged more than the amount the Hospital would charge insurance carriers for the same services. Please note: Discounts apply only to emergency and other medically necessary care.

What Services Are Covered?

All medically necessary Hospital services are covered. Cosmetic procedures are not covered. Nursing home services also are not covered.

How to Apply

You can ask for an application during the registration process. You also can call our Patient Financial Services at 518-583-8343. We also are available to help you complete the application. Please be assured that we will keep all your information confidential.

The application asks about total household income. This refers to income before deductions (taxes, Social Security insurance premiums, payroll deductions, etc.) and includes income from all members of your household from the following sources: wages, unemployment income, workers' compensation, veterans benefits, Social Security income, disability insurance, public assistance (Welfare), alimony, child support, and other cash income.

You will be asked to provide the following:

1. A completed application
2. Most recent federal tax return
3. Copies of last two pay stubs
4. Copies of last two bank statements
5. Completed application for Medicaid, along with copy of denial (See next paragraph.)

Need to Apply for Medicaid

Depending on your situation, we may ask you to apply for Medicaid or another publicly sponsored insurance program—and we have staff available to help you. Medicaid may require you to make a payment to the Hospital as a condition for Medicaid approval. This is known as a spend-down amount. Any payments that you are required to make to the Hospital—including the spend-down amount, co-pays, and/or deductibles—will be considered for our financial aid program. If you do not apply to Medicaid, or do not comply with Medicaid requirements, the Hospital will deny your request for financial assistance.

If you have been awarded financial aid and, during another Hospital visit, we determine that you may qualify for Medicaid, we may ask you to apply for Medicaid. If you do not submit a completed NYS Medicaid application within 90 days of our request, you will no longer be eligible for Hospital financial aid. This decision will apply for all Hospital services provided after the date of the financial aid cancellation notice.

The Hospital also administers the New York State Department of Health Child Health Plus and Medicaid Facilitated Enrollment Program for Saratoga County. These programs help uninsured or underinsured individuals and families enroll in free or low-cost health insurance programs. If we think you might be eligible, we will refer you to these programs. Child and Family Health Plus is located at 59D Myrtle Street, Saratoga Springs, and can be reached at 518-580-2021.

Application Processing

You must request a financial assistance application **within 120** days of your Hospital discharge date. Once you receive the application, you have 30 days to complete it and return it to our Patient Financial Services.

The Hospital will respond in writing with a final determination **within 45** days of receiving your completed application.

While your application is being processed, you do not have to make any payment to the Hospital until we send a letter with our decision on your application. Our representatives from Cardon Healthcare, who assist the Hospital in evaluating your application, may contact you. If you are contacted by Cardon, you must respond. If not, we will deny your application.

Payment Plans

We will review your payment plan periodically to make sure your account remains in good standing.

If, at any time, your financial situation changes and you feel that your payment arrangement has

become a burden, you can schedule a meeting with one of our financial counselors.

This policy only covers services provided by the Hospital. This policy does not apply to other bills you may receive from private physicians who may be involved in your care. These may include, but are not limited to: radiologists, pathologists, anesthesiologists, or emergency room physicians, or providers of nursing home services.

Financial aid applications are approved for 12 months. The 12-month period begins the first day of the month that we provided the services for which you are submitting the application. We may ask you to reapply for financial aid after another Hospital visit if the cost of services provided during that visit is more than \$5,000.

If we deny your application for financial assistance, you can appeal this decision by sending a letter to the:

Director of Patient Financial Services
Saratoga Hospital
211 Church Street
Saratoga Springs, NY 12866

Please be sure the letter includes the reason for your appeal. We will review and respond to your appeal within 45 days of receiving it. If you have any concerns or issues that you are unable to resolve with the Hospital, you may call the New York State Department of Health at 1-800-804-5447.

Financial Assistance Summary
Attachment B

Family Size	Federal Income Guidelines 2013				
	Income Level	(FPL x 250%)	(FPL x 300%)	(FPL x 350%)	(FPL x 400%)
1.	\$11,490	\$28,725	\$34,470	\$40,215	\$45,960
2.	\$15,510	\$38,775	\$46,530	\$54,285	\$62,040
3.	\$19,530	\$48,825	\$58,590	\$68,355	\$78,120
4.	\$23,550	\$58,875	\$70,650	\$82,425	\$94,200
5.	\$27,570	\$68,925	\$82,710	\$96,495	\$110,280
6.	\$31,590	\$78,975	\$94,770	\$110,565	\$126,360
7.	\$35,610	\$89,025	\$106,830	\$124,635	\$142,440
8.	\$39,630	\$97,075	\$118,890	\$138,705	\$158,520
9.	\$43,650	\$109,125	\$130,950	\$152,775	\$174,600
10.	\$47,670	\$119,175	\$143,010	\$166,845	\$190,680
Discount%		100%	75%	50%	25%

Household income baselines are derived from the Federal Poverty Income Levels published in the Federal Register.