

General Information

The Albany Med Health System will make financial assistance available to qualified patients. The Albany Med Health System recognizes that there are times when patients in need of care will be unable to pay for health care services provided. The Albany Med Health System Financial Assistance Program (FAP) helps uninsured and underinsured patients with a gross household income up to 400% of the federal income poverty guidelines. Assistance is determined based on gross household income and family size utilizing a sliding scale.

We understand that each patient has a unique financial situation and encourage you to contact a System representative if you need assistance. Each application for assistance is handled confidentially and requires the cooperation of the patient or patient representative. During the application process, the patient will be assessed for other state or federal insurance options and may be required to apply prior to being evaluated for financial assistance.

Income Guidelines/Eligibility

Eligibility is based on the federal income poverty guidelines in effect at the time of the determination.

Excluded Services

Patient financial assistance will be utilized for all medically necessary services rendered by the Albany Med Health System, with the exception of elective or cosmetic procedures or hearing aids. Charges from private physicians/providers (not employed by the Albany Med Health System) who provide services are not covered under the program. To verify whether the provider is covered under this program, please visit the website of their facility. Patient financial assistance will not be applied to patient balances due to coordination of benefits issues, or the patient's inability to provide the insurance with documentation they request or to provide the facility with the information needed to bill an insurance company/carrier.

Application Process

Patients seeking access to the Financial Assistance Program will complete the required information on this brochure along with the required documents. Patients may also obtain an application at one of the offices or websites listed below.

Applications and appeals, in writing, should be returned to the facility where the application was received. If this is an appeal, please include reasons why you disagree with the decision.

Albany Medical Center Hospital/ Albany Medical College

Patient Financial Services

1275 Broadway, 1st Floor
Albany, NY 12204
Monday-Friday, 8 a.m. – 4:30 p.m.
(518) 262-1981 or 1-866-262-7476
www.amc.edu/fap

Columbia Memorial Health

Patient Financial Services

P.O. Box 2000
Hudson, NY, 12534
(518) 828-8051
www.columbiamemorialhealth.org/fap

Glens Falls Hospital

Patient Financial Services

100 Park Street
Glens Falls, NY 12801
Monday-Friday, 7:30 a.m. – 4:30 p.m.
(518) 926-5111
www.glensfallshospital.org/fap

Saratoga Hospital

Patient Financial Services

59D Myrtle Street
Saratoga Springs, NY 12866
Monday-Friday, 8 a.m. – 4:30 p.m.
(518) 583-8343
www.saratogahospital.org/fap

Patient financial assistance will only be applied after all insurance coverage has been exhausted or for uninsured self-pay patients.

Translation Services

Translator services are available. Brochures, applications and the Financial Assistance Policy are available in English, Spanish and Bengali.

Determinations/Appeals

All determinations will be made in writing within 30 days upon receipt of the completed application. Patients have the right to appeal all determinations by submitting a written request to the address they sent the completed application. Patients have up to 12 months from date of service to apply for assistance.

Fraud

Intentional misrepresentation of any of the information provided by the patient will result in the denial of this application, any patient assistance awarded will be revoked and all normal collection efforts will be pursued. This program is designed to help alleviate the financial burden of medical care for uninsured or underinsured patients.