



# HealthAlliance Hospital

Westchester Medical Center Health Network

## FINANCIAL ASSISTANCE PROGRAM PLAIN LANGUAGE SUMMARY

### Does HealthAlliance offer a Financial Assistance / Financial Assistance Program?

Yes. HAHV remains devoted to continued excellence in patient care and serving the community. As a partner in the community, we offer a Financial Assistance / Financial Assistance program which allow us to provide care to patients without charge or at amounts less than our established rates.

### Who qualifies for a discount and what are the income limits?

Financial assistance is available for patients with limited income and no health insurance. All patients who are residents of New York State are eligible for Financial Assistance for an Emergency Medical Condition. Financial Assistance is also available for Medically Necessary Services to patients residing in the Primary Service Area for a non-Emergent Medical Condition. Primary service area is defined as counties of Ulster, Greene, Columbia, Dutchess, Orange, Sullivan and Delaware. The amount of the discount varies based on your income and the size of your family. Do not be afraid to apply – you may qualify even if you work or own a home or car. You may also apply for a discount regardless of immigration status. Discounted or free care is available up to 500% of the federal poverty guidelines listed below.

Number of Persons in the Family Unit	Annual Family Income*	Monthly Family Income	Weekly Family Income
1	\$15,060	\$1,255	\$290
2	\$20,440	\$1,703	\$393
3	\$25,820	\$2,152	\$497
4	\$31,200	\$2,600	\$600
5	\$36,580	\$3,048	\$703
6	\$41,960	\$3,497	\$807
7	\$47,340	\$3,945	\$910
8	\$52,720	\$4,393	\$1,014
Each additional person	\$5,380	\$448	\$103
<i>*Figures based on 2024 Federal Poverty Guidelines as published by the US Department of Health and Human Services</i>			

### What services are covered?

All medically necessary services are covered under the financial assistance program. This includes outpatient services, inpatient care, and emergency services. This Financial Assistance Policy applies to the Hospital and the providers affiliated with its related entity, Westchester Medical Center Advanced Physician Services, P.C. only. Any other Physicians, Providers or Provider Groups are not covered under this policy. You may call your provider directly if you have any questions about their policies.

### How do I get information about the Financial Assistance Program?

To inquire about our Financial Assistance program contact us at (845) 334-2743 or ask any of our registration staff members for an informational packet.

### What do I need to do to apply for the program?

Free, confidential help is available for the program. We will help you complete an easy application and will let you know of a few documents that may be needed (photo identification, pay stubs, etc.). If you, your family members, or friends do not speak English, someone will assist you in your own language. The Financial Counselor can also tell you if you qualify for free or low-cost health insurance such as Medicaid, Child Health Plus and Family Health Plus. If the Financial Counselor finds that you do not qualify for free or low-cost insurance, he or she will help you apply for a charity discount.

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

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



**FEDERAL POVERTY GUIDELINES**

The Department of Health and Human Services publishes updates to the Federal Poverty Level on its web site at <http://aspe.os.dhhs.gov/poverty/xxpoverty.shtml> (where XX indicates the specific year i.e. 24 for 2024).

***For example purposes only, the table below reflects 2024 Federal Poverty Guidelines. However, the determination of eligibility for Financial Assistance will be based on the current year guidelines at the time of the patient’s application for assistance.***

**Table B1 – Calculation of Income Levels for Determining Eligibility for Financial Assistance**

<b>2024 CALCULATION OF INCOME LEVELS FOR DETERMINING CHARITY CARE</b>						
Persons in Family Unit	48 Contiguous US States and D.C.	Level I	Level II		Level III	
		< = 150% FPL	151% - 250% FPL		251% - 300% FPL	
		100% Discount	80% Discount		50% Discount	
			Between...		Between...	
		<b>150%</b>	<b>151%</b>	<b>250%</b>	<b>251%</b>	<b>300%</b>
1	\$15,060	\$22,590	\$22,591	\$37,650	\$37,651	\$45,180
2	\$20,440	\$30,660	\$30,661	\$51,100	\$51,101	\$61,320
3	\$25,820	\$38,730	\$38,731	\$64,550	\$64,551	\$77,460
4	\$31,200	\$46,800	\$46,801	\$78,000	\$78,001	\$93,600
5	\$36,580	\$54,870	\$54,871	\$91,450	\$91,451	\$109,740
6	\$41,960	\$62,940	\$62,941	\$104,900	\$104,901	\$125,880
7	\$47,340	\$71,010	\$71,011	\$118,350	\$118,351	\$142,020
8	\$52,720	\$79,080	\$79,081	\$131,800	\$131,801	\$158,160
Ea. Addt'l	\$5,380	\$8,070	\$8,071	\$13,450	\$13,451	\$16,140