



FINANCIAL ASSISTANCE PROGRAM (APPEAL PROCESS)

White Plains Hospital will extend the opportunity for an applicant to appeal their Financial Assistance determination. The appeal request must be submitted within thirty (30) days from the date of the hospital's decision listed on the applicant's decision letter. An appeal can be initiated based on the applicant believing a different discount rate should be applied, denied due to the reasons stated in the applicant's denial letter, or the applicant experiencing a life altering event prompting a new financial status.

A Financial Assistance appeal request must formally be submitted to White Plains Hospital's AVP, Revenue Cycle and/or Sr. Director, Revenue Cycle, in writing expressing the reason for the appeal. The formal letter is expected to include:

1. **Applicants full name, date of birth, and account number.**
2. **A clear statement requesting reconsideration.**
3. **The reason for the initial assessment being considered inaccurate.**
4. **Any hardship details that should be considered.**

The formal written request will be investigated to determine if the appeal request is applicable. The decision will be rendered within fourteen (14) days of the formal appeal letter. The applicant will be advised of the reconsideration decision and provided with further instructions.

The following items must be submitted within thirty (30) days if the appeal request has been approved:

1) Bank Statements: Last three months of bank statements that are entered in WPH's Financial Assistance Appeal Questionnaire
2) Proof of Deductions: Submit records for all expenses that are being claimed for a deduction: (ex: Rent/Mortgage, Utility Invoices [Con-Ed/Cable/Phone/Other], Groceries, Transportation, Car Payment, Car Insurance, Student Loans, Tuition, Childcare, Medical Expenses, Credit Card Payments). Records submitted are expected to coincide with the last three bank statements that are submitted.
3) Supporting Documents: Any additional documents to support the appeal request.

Please contact Patient Financial Services at **(914) 681-1004** for further clarification or inquiries. White Plains Hospital will send you a decision letter within thirty (30) days after reviewing the reconsideration documents advising of the appeal decision.

Please mail completed appeal application and copy of requested documents to:

**White Plains Hospital Center
101 East Post Road, Floor 3
White Plains, NY 10601
Attention: Patient Accounts**

You can also email application to:
WPH-FinancialAssistance@wphospital.org



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Financial Assistance Appeal Questionnaire

Patient's Name: _____

MRN# _____

Please fill out the following questionnaire

Do you currently have insurance?

- ☐ Yes (please specify): _____
- ☐ No

Are you currently:

- ☐ Working - Please Circle Status: (Full-Time or Part-Time)
- ☐ Unemployed
- ☐ Retired
- ☐ Disabled

What is your occupation? _____

What is your source of income?

- ☐ Income from Employment (*Please circle how often you get paid: Weekly / Bi-weekly*)
- ☐ Unemployment Benefits
- ☐ Social Security Benefits
- ☐ Self-Employed
- ☐ Pension
- ☐ None

What is your marital status?

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Legally Separated

What is your spouse's source of income?

- ☐ Income from Employment (*Please circle: Weekly/ Biweekly*)
- ☐ Unemployment Benefits
- ☐ Social Security Benefits
- ☐ Self-Employment Income
- ☐ None

When was the year you failed taxes last? _____

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What was your tax filing status last year you filed taxes?

- ☐ Single
- ☐ Head of household
- ☐ Joint filling with spouse
- ☐ Married but file separately

What type of bank account do you have?

- ☐ Checking
- ☐ Savings
- ☐ None

Do you:

- ☐ Rent (how much is your rent? _____)
- ☐ Own (how much is your mortgage? _____)
- ☐ Live free room & board

Are you the only adult with income in the household?

- ☐ Yes
- ☐ No

What is your relationship with any adults in the household?

Please list the ages of any children in your household and their relationship to you:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you pay for utilities?

- ☐ Yes - please circle: (Con-Ed / Cable / phone / other)
- ☐ No
- ☐ They're included in rent/maintenance payment

How much would you say that you pay monthly?

- ☐ Groceries: _____
- ☐ Transportation: _____



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For Office Use Only:

Appeals documents collected

- ☐ 1040 form from income tax return
- ☐ Paystubs/ job letter for pt
- ☐ Paystubs/job letter for spouse
- ☐ Rent receipt/ Lease/ Mortgage statement
- ☐ Con Ed bill
- ☐ Cable Bill
- ☐ Credit card statement(s)
- ☐ Phone bill
- ☐ Bank statement

Additional expenses:

- ☐ Homeowner's taxes
- ☐ Water/sewer
- ☐ Car payment
- ☐ Car insurance
- ☐ Life insurance
- ☐ Tuition or childcare
- ☐ Medical copayments
- ☐ Student loan(s)