

## Financial Assistance Summary

**White Plains Hospital Center (hereafter referred to as the “Hospital”) recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Under our Financial Assistance Policy, discounts may be provided to qualifying individuals based on their income. In addition, we can help you apply for free or low-cost insurance if you qualify. Just contact a Collection Agency Representative at 914-681-1004 or go to 101 E. Post Rd, 3<sup>rd</sup> Floor (Patient Financial Services) for free, confidential assistance.**

### **Who qualifies for a discount?**

Financial Assistance is available for patients with limited incomes and no health insurance. The Hospital also provides financial assistance, including payment arrangements, upon request, to qualifying patients who have insurance coverage but have an out-of-pocket expense that they cannot afford or deem a hardship. Any financial aid allowance will be determined on a case-by-case basis, upon completion of a Financial Assistance application and submission of required documentation.

You may apply for a discount regardless of immigration status.

### **What services are covered?**

Everyone who resides in New York State who needs emergency services can receive care from the Hospital and qualify for a discount if they meet certain income limits and are determined eligible by the Hospital.

Everyone who resides in Bronx, Orange, Putnam, Rockland, and Westchester counties can qualify for a discount on non-emergency, “medically necessary services” (as this term is defined in the Hospital’s Financial Assistance Policy) if they meet certain income limits and are determined eligible by the Hospital. This includes outpatient services and inpatient admissions provided by the Hospital and its substantially related entities (not including the following captive professional corporations: Cancer & Blood Medical Services of NY, PC and White Plains Medical Diagnostics, PC).

You cannot be denied “medically necessary services” because you need financial assistance.

### **What are the income limits?**

The amount of the discount varies based on your income and the size of your family.

Generally, patients are eligible for Financial Assistance, using a sliding scale, based on the Federal Government’s Federal Poverty Guidelines (FPG).

## How much do I have to pay if I do meet the income limits?

As of October 2024, New York State implemented new guidelines pertaining to how Financial Assistance is expected to be applied towards Charity Care recipients. A patient who has a household income that is considered 400% above the Federal Poverty Level will be qualified to receive Financial Assistance. All hospitals are required to establish a “sliding scale” depending on the patient's income level and must adhere to New York State's minimum required discount schedule. WPH's discount table has been constituted into two sections:

1. Uninsured
2. Underinsured

***\*The discount table utilized is determined based on the patient's insurance enrollment\****

### Uninsured Discounts

Family Income at or below 200% of FPG:	Patient eligible for full Financial Assistance; No Cost Share
Family Income at 201% to 300% of FPG:	Patient eligible for partial Financial Assistance; AGB is approximately 10% of Medicaid Reimbursement.
Family Income at 301% to 400% of FPG:	Patient eligible for partial Financial Assistance; AGB is approximately 20% of Medicaid Reimbursement.
Family Income at 401% to 500% of FPG:	Patient eligible for partial Financial Assistance; Discounted Percentage of Total Charges.

### Under-Insured Discounts

Family Income at or below 200% of FPG:	Patient eligible for full Financial Assistance; No Cost Share
Family Income at 201% to 300% of FPG:	Patient eligible for partial Financial Assistance; AGB is 10% of cost share.
Family Income at 301% to 400% of FPG:	Patient eligible for partial Financial Assistance; AGB is 20% of cost share.
Family Income at 401% to 500% of FPG:	Patient eligible for partial Financial Assistance; Discounted Percentage of Total Charges.

Our Collection Agency Representative will give you details about your specific discount(s) once your application is processed.

## What if I do not meet the income limits?

If you are not eligible for financial assistance because you do not meet the income limits, the Hospital may also offer extended payment plans to those who apply.

## **How do I apply/receive a copy of the Hospital's complete Financial Aid Policy (FAP)?**

The FAP and the related Application Form may be obtained at no cost as follows:

- In person at the Hospital's main Registration area, Emergency Room registration area, outpatient departments, and the Patient Accounts Department.
- In person at the Patient Financial Services Business Office located at 101 East Post Rd, 3rd Floor.
- By mail, send a request to White Plains Hospital Center, 41 East Post Road, White Plains, N.Y. 10601.
- Via telephone, request an application to be mailed to you by calling a Collection Agency Representative at 914-681-1004.
- Download the documents from the hospital's website at: <http://www.wphospital.org/> (click on the "Patients and Families" tab, then click on "Financial and Insurance Information.") There is no charge to download these materials, and patients are not required to create an account or provide personally identifiable information.

This Plain Language Summary, the FAP, and the FAP application form are also available in Spanish upon request.

## **Can someone explain the discount? Can someone help me apply?**

Yes, free, confidential help is available. Call the Patient Accounts Department at 914-681-1004 or go in person to the Patient Financial Services Business Office located at 101 E. Post Rd, 3<sup>rd</sup> Floor.

If you do not speak English, someone will help you in your own language.

The Collection Agency Representative can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus. If the Collection Agency Representative finds that you don't qualify for free or low-cost insurance, they will help you apply for a discount. The representative can help you fill out all the forms and tell you what documents you need to submit.

## **What do I need to apply for a discount?**

Acceptable proof of income:

- Unemployment statement
- Social Security/Pension Award letter
- Paystubs/Employment verification letter
- Previous year's tax return
- Letter of support
- Self-attestation letter (in appropriate circumstances)

## **What charges are not covered by the Financial Aid Policy?**

Charges from *private doctors* who provide services in the hospital may not be covered under this program. You should talk to private doctors to see if they offer a discount or payment plan. Elective procedures, such as cosmetics, will not be covered by Financial Assistance. This

program will only cover medically necessary services. This will exclude dental and behavioral health.

### **How do I get the discount?**

You must fill out the Financial Assistance application form. As soon as we have all the necessary documents, we can process your application for a discount according to your income level. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/ information.

You can apply for a discount before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail.

Send the completed form to White Plains Hospital Center, 41 East Post Road, White Plains, N.Y. 10601 or bring it to the Patient Financial Services Business Office located at 101 East Post Rd, 3<sup>rd</sup> Floor.

### **How will I know if I was approved for the discount?**

The Hospital will send you a letter within 30 days after submission of a completed application and required documentation, telling you if you have been approved and the level of discount received.

### **What if I receive a bill while I'm waiting to hear if I can get a discount?**

Once you have submitted a completed application and required documentation, you may disregard any bills from the Hospital until the Hospital has rendered a decision on your application.

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the Hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

### **What if I have a problem I cannot resolve with the Hospital?**

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