



THE UNIVERSITY HOSPITAL FOR  
ALBERT EINSTEIN COLLEGE OF MEDICINE

## Financial Assistance Summary

Montefiore Medical Center recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Financial Aid provides discounts to qualifying individuals based on income and family size. In addition, we can help you apply for free or low-cost insurance if you qualify. Just contact a Financial Counselor at 718-920-5658 or go to 111 East 210<sup>th</sup> Street Room RS-001, 600 East 233<sup>rd</sup> Street (Central Registration), 1825 Eastchester Road (Admitting Office) or email [financialaid@montefiore.org](mailto:financialaid@montefiore.org) for free, confidential assistance. More information about the financial assistance policy can be found at <http://www.montefiore.org/financial-aid-policy>. You can also receive an application at no cost via mail.

### Who qualifies for a discount?

Financial Assistance is available for patients with no health insurance or limited health insurance coverage that reside in the medical center's primary service area (New York State).

Montefiore Medical Center also provides payment arrangements to patients that have insurance coverage but have an out-of-pocket expense that they cannot afford or deem a hardship.

Everyone in New York State who needs emergency or medically necessary services can receive care and get a discount.

You cannot be denied emergency or medically necessary care because you need financial assistance.

You may apply for a discount regardless of immigration status.

### What are the income limits?

The amount of the discount varies based on your income and the size of your family. If you have no health insurance or limited health insurance, these are the income limits:

2019 FEDERAL POVERTY LEVEL -	GROSS INCOME CATEGORIES (Upper Limits)										
	1	2	3	4	5	6	7	8	9	10	11
Family Size	100%	125%	150%	175%	185%	200%	250%	300%	400%	500%	over 500%
1	\$ 12,490	\$ 15,613	\$ 18,735	\$ 21,858	\$ 23,107	\$ 24,980	\$ 31,225	\$ 37,470	\$ 49,960	\$ 62,450	\$ 62,450
2	\$ 16,910	\$ 21,138	\$ 25,365	\$ 29,593	\$ 31,284	\$ 33,820	\$ 42,275	\$ 50,730	\$ 67,640	\$ 84,550	\$ 84,550
3	\$ 21,330	\$ 26,663	\$ 31,995	\$ 37,328	\$ 39,461	\$ 42,660	\$ 53,325	\$ 63,990	\$ 85,320	\$ 106,650	\$ 106,650
4	\$ 25,750	\$ 32,188	\$ 38,625	\$ 45,063	\$ 47,638	\$ 51,500	\$ 64,375	\$ 77,250	\$ 103,000	\$ 128,750	\$ 128,750
5	\$ 30,170	\$ 37,713	\$ 45,255	\$ 52,798	\$ 55,815	\$ 60,340	\$ 75,425	\$ 90,510	\$ 120,680	\$ 150,850	\$ 150,850
6	\$ 34,590	\$ 43,238	\$ 51,885	\$ 60,533	\$ 63,992	\$ 69,180	\$ 86,475	\$ 103,770	\$ 138,360	\$ 172,950	\$ 172,950
7	\$ 39,010	\$ 48,763	\$ 58,515	\$ 68,268	\$ 72,169	\$ 78,020	\$ 97,525	\$ 117,030	\$ 156,040	\$ 195,050	\$ 195,050
8	\$ 43,430	\$ 54,288	\$ 65,145	\$ 76,003	\$ 80,346	\$ 86,860	\$ 108,575	\$ 130,290	\$ 173,720	\$ 217,150	\$ 217,150
For each additional person add.	\$ 4,420	\$ 5,525	\$ 6,630	\$ 7,735	\$ 8,177	\$ 8,840	\$ 11,050	\$ 13,260	\$ 17,680	\$ 22,100	\$ 22,100

\* Based on 2019 Federal Poverty Level

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

If you cannot pay your bill, Montefiore Medical Center has a financial assistance category for all who apply. The percentage of the discount depends on your annual income and family size. We also offer extended payment plans and the monthly payment will not exceed ten percent of your monthly income. A courtesy discount is available for patients above 500% of the federal poverty level. Self-pay discounts are also available for non-medically necessary services.

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

Yes, free, confidential help is available.

If you do not speak English, someone will help you in your own language. Applications, summaries and the full policy are also available in multiple languages at no cost.

The Financial Counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus or a Qualified Health Plan (during open enrollment).

If the Financial Counselor finds that you don't qualify for low-cost insurance, they will help you apply for a discount.

The Counselor will help you fill out all the forms and tell you what documents you need to bring.

Please visit one of the locations below or <http://www.montefiore.org/financial-aid-policy> for additional information or assistance.

- 111 East 210<sup>th</sup> Street (Room RS-001) 718-920-5658 (Moses Campus)
- 600 East 233<sup>rd</sup> Street (Central Registration) 718-920-9954 (Wakefield Campus)
- 1825 Eastchester Road (Admitting Office) 718-904-2865 (Weiler Campus)
- 2475 St. Raymond Avenue (Outpatient Registration) 718-430-7339 (Westchester Square Campus)

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

Acceptable proof of income:

- Unemployment statement
- Social Security/Pension Award letter
- Paystubs/Employment verification letter
- Letter of support
- Self attestation letter (in appropriate circumstances)
- Tax Return or W2

All medically necessary services provided by Montefiore Medical Center are covered by the discount. This includes outpatient services, emergency care, and inpatient emergent admissions.

Charges from *private doctors* who provide services in the hospital may not be covered. You should talk to private doctors to see if they offer a discount or payment plan. For a list of providers and whether or not they participate in the Medical Center's Financial Aid Program please visit our internet site at <http://www.montefiore.org/financial-aid-policy> or contact the Financial Aid office and one can be provided to you in person or via mail.

### **How much do I have to pay?**

The amount for an outpatient service or the emergency room starts from \$0 for children and pregnant women, depending on your income. The amount for outpatient service or the emergency room starts from \$15 for adults, depending on your income.

Our Financial Counselor will give you the details about your specific discount(s) once your application is processed.

Patients will not be charged more than amounts generally billed for emergency or other medically necessary care.

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

You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level. You will have 30 days to complete application.

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 Montefiore Medical Center-111 EAST 210<sup>TH</sup> Street, Bronx, N.Y. 10467/ Main Cashiers Room RS-001 or bring it to Room RS-001.

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

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

Montefiore Medical Center will send you a letter within 30 days after completion and submission of 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?**

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.

## MONTEFIORE MEDICAL CENTER FINANCIAL AID APPLICATION

APPLICANT INFORMATION					
<b>Patient Name</b>				<b>Social Security Number</b> (Optional)	
<b>Address</b>	Apt#			<b>Date of Birth:</b>	
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Phone</b>		<b>Relationship to Patient</b>	Self   Spouse   Child   Parent   Grandparent   Grandchild Other		
<b>Current Insurance Coverage:</b>		<b>Family Size</b>		<b>Balance Owed</b>	
ELIGIBILITY WORKSHEET: FOR OFFICE USE ONLY					
<b>Financial Counselor</b>	<b>Referral Source:</b>			<b>Adjusted Account Balance</b>	
<b>Patient MRN</b>		<b>Account Number</b>		<b>DOS:</b>	
<b>Proof of Income Secured</b>	Yes   No	<b>Supporting Documentation</b>	1. Pay-stubs   2. Job Letter   3. Marketplace Documentation		
<b>Verified Gross Annual Income</b>			4. Letter of Support (If Applicable)   Other (Specify):		
<b>The Applicant is approved for Financial Aid at the following category level (1-10)</b>					
<b>Application Request Date</b>			<b>Proof of Income Received Date</b>		

<b>Application Received Date</b>		<b>Account Adjusted Date</b>	
<b>Financial Aid Notification Date</b>		<b>Approval/Denial Date</b>	
<b>Approved by:</b>			
<b>APPLICATION STATEMENT</b>			
<p>My signature on this application reaffirms my authorizations for assignment of benefits and release of information related to medical services provided at Montefiore Medical Center.</p> <p>While I am eligible for Financial Aid, I agree to inform Montefiore Medical Center of any changes in my family status in regard to family size, changes of income, and health coverage that could change my eligibility for Financial Aid. I authorize my employer and my health insurer to give Montefiore Medical Center information about income, health insurance premiums, coinsurance, co-payments, deductibles, and covered benefits that I have.</p> <p>If I am seeking Financial Aid because of an accident or other incident and I receive money because of that accident or incident from any sources such as Worker's Compensation or an insurance carrier, I will repay Montefiore Medical Center for any medical services provided at Montefiore Medical Center and paid for or adjusted by Financial Aid.</p> <p>All information in this application is true to the best of my knowledge and I agree to provide documentation upon request.</p>			
<b>Patients Printed Name</b>			<b>Date</b>
<b>Signature of Patient</b>			
<i>I am legally authorized to provide consent of behalf of the patient listed above. My relationship to the patient is described as follows:</i>			
<b>Signature of Authorized Representative</b>			<b>Date</b>
<b>Relationship to Patient</b>			

Complete this application and return with proof of income/support to any of the Patient Financial Services Offices at any of the following Montefiore locations:

**Moses Campus – RM-001**

111 East 210<sup>th</sup> Street  
Bronx, NY 10467  
718-920-5658

**Wakefield Campus**

600 East 233<sup>rd</sup> Street  
Bronx, NY 10466  
718-920-9954

**Weiler Campus**

1825 Eastchester Road  
Bronx, NY 10461  
718-904-3529

**Westchester Square Campus**

2475 Saint Raymond Ave  
Bronx, NY 10461  
718-430-7339

Once you have submitted a completed application and documentation, you may disregard any bills until the hospital has rendered a decision on your application. Please complete application within 30 days.