

Connecticut Hospital Free Care and Financial Discount Programs

April 2008

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Bridgeport Hospital (part of Yale-New Haven)
267 Grant Street
Bridgeport, Connecticut 06610
Main Phone Number: (203) 384-3000

Summary and Instructions to Patients for Free Care Application:

Bridgeport Hospital provides Free Care to eligible patients. Guidelines used for determining eligibility include an income level that does not exceed two and one-half times the poverty level based on the size of the patient's family unit. The following are also required: proof of income and copy of a current SAGA/State assistance denial. Carefully following the instructions below will insure the fast processing of your application.

1. Before applying for Free Care Funds, all patients must apply for SAGA/State assistance. This includes patients who are non-citizens (documented and undocumented residents) and patients who receive supplemental Social Security income or Social Security disability.
2. Please contact your local State Assistance office for application information. The decision for SAGA/State must be received, in writing, and provided to Bridgeport Hospital along with the completed Free Care application. Anyone who is denied SAGA/State assistance for failure to cooperate in determining eligibility will be denied Free Care funds.
3. Patients must provide a statement of income: a copy of the most recent tax return or a verification source of income (pay stubs, etc.) for the current year. Patients do not need to supply this documentation for the time when their bill was incurred. Current information is evaluated, as the debt is owed at this time.-
4. Patients must provide all the required information with their Free Care application. If you are unsure of how to do this, please call the Patient Account Correspondence Unit at (800) 688-4954, or the number listed on your bill.
5. Free Care applies to debts incurred for Bridgeport Hospital services. It will not cover private physician bills.
6. Once you obtain all of the required information, it should be forwarded along with the completed application to:

Yale New Haven Health System, Systems Business Office
789 Howard Avenue (MCS), New Haven, CT 06519

7. Patients will be notified in writing regarding our decision. If your application is denied, you may re-apply at any time following the above instructions. Further, additional funds may become available on an annual basis.
8. If you are not eligible for free care and you believe that you may have difficulty in paying your hospital bill, Bridgeport Hospital may be able to assist you with other financial support services. These include Sliding Scale Program, prompt payment of discounts, payments over time or Primary Care Center services under a sliding scale payment program. Please discuss these options with one of the Hospital's financial counselors.

Summary and Instructions to Patients for Sliding Scale Application:

Bridgeport Hospital provides discount to eligible patients. The Hospital also provides other assistance described below in Section 7. Guidelines used for determining eligibility for sliding scale include an income level that does not exceed four (4) times the poverty level based on the size of the patient's family unit. The following are also required: proof of income and a completed application. Carefully following the instructions below will insure the fast processing of your application.

1. Patients must provide a statement of income: a copy of the most recent tax return or a verification source of income (pay stubs, etc.) for the current year. Patients do not need to supply this documentation for the time when their bill was incurred. Current information is evaluated, as the debt is owed at this time.
2. Patients covered by any commercial healthcare plan, including but not limited to Worker's Compensation, automobile insurance or any governmental coverage (Medicare, Medicaid, etc.) may not be eligible for the Sliding Scale Program.
3. Patients must provide all the required information with their Sliding Scale application. If you are unsure of how to do this or you have any questions about this Summary, please call the Patient Account Correspondence Unit at (800) 688-4954, or the number listed on your bill.
4. Sliding Scale applies to debts incurred for Bridgeport Hospital services. It will not cover private physician bills.
5. Once you obtain all of the required information, it should be forwarded along with the completed application to:

Yale New Haven Health System, Systems Business Office
789 Howard Avenue (MCS), New Haven, CT 06519

6. Patients will be notified in writing regarding our decision. If your application is denied, you may re-apply at any time following the above instructions. Further, additional funds may become available on an annual basis.
7. If you believe that you may have difficulty in paying your hospital bill, Bridgeport Hospital may be able to assist you with other financial support services. These include Free Care, prompt payment discounts, payments over time, financial hardship related to copayments and deductibles, or Primary Care Center services under a sliding scale payment program. In addition, you may be eligible to be nominated by an outside nominator for free bed funds. Please discuss these options with one of the Hospital's financial counselors.

**Connecticut Children's Medical Center
282 Washington Street
Hartford, CT 06106
(860) 545-9000**

The application requires information about your family, income, bank accounts, and bills. In addition, you must send:

- A copy of your last 4 pay checks, or a letter from your job with your hours and pay Or a copy of your unemployment checks.
- A copy of your last Federal Income Tax return
- Copies of your last 3 rent or mortgage payments
- A copy of your I.D. (license, passport, visa)
- A copy of your last 3 bank statements
- A copy of your last 3 payments for your bills
- A copy of all your medical bills paid this year

Offices at 282 Washington Street, Suite 2C and 1M, Hartford, CT 06106. Phone number is 860.545.9397 or 860.545.9863. Call or visit Monday through Friday, 8am to 4pm.

Correspondence regarding your bill can be sent to:

Connecticut Children's Medical Center
Attn: Customer Service
P.O. Box 310913
Newington, CT 06131

**Danbury Hospital
24 Hospital Ave
Danbury, CT 06810
(203) 739-7000**

Will provide financial assistance in the event the following conditions are met:

- You have one or more outstanding balances due to Danbury Hospital;
- You have applied and been denied eligibility for any medical or health care coverage provided under Medicaid or state Administered General Assistance (“SAGA”) due to failure to satisfy income or other eligibility requirements;
- You are not eligible for coverage for hospital services under any other health or accident insurance program (including workers’ compensation, third-party liability, motor vehicle insurance); and
- Your household income is at or below 250% of the Federal Poverty Income Guidelines (Based on the annual Federal Poverty Guidelines).

If your family income is below 400% of the Federal Poverty Guidelines, you may still be eligible for a discount on hospital charges through hospital “charity care” or “sliding scale” adjustments.

Please contact our financial counselors for assistance:

- By phone at 203-797-7773 or 203-730-5800, 9am-4pm, Monday – Friday
- By appointment or walk-in at 5 Tower Lobby Business Unit, 9am-4pm, Monday – Friday

Applications are available at the Danbury Hospital 5-Tower Lobby Business Unit, Registration Department, Emergency Department, and in the Office of Community Relations. Applications are available in English, Spanish, and Portuguese. You will receive written notice of the outcome.

The following documentation will be necessary for validation:

- a. Confirmation of annual income and assets:
 - Last four pay stubs and/or W2 form, social security award, unemployment compensation letter
 - Most recent income tax return
 - Most recent checking and savings account statements for all accounts upon which patient is listed as an account-holder
 - Banking/investment account statements
- b. Confirmation of patient’s social security number and birth date. Proof must be in the form of one of the following:
 - Social Security Card
 - Birth certificate
 - Baptismal Certificate
 - Military Discharge Papers
 - School Records
 - Driver’s License
- c. Confirmation of residence in the form of the following:
 - Mortgage Book
 - Current Rent Receipt
 - Current Lease

- Tax Bill
- Room and Board Statement
- Utility Bill
- Written Verification from Landlord

Day Kimball Hospital
320 Pomfret Street (Route 44)
Putnam, Connecticut 06260
Phone: (860) 928-6541 or (860) 774-3366
TTY: (860) 963-6422

Application for free/charity care requires information about medical bills needing to be paid, earned income, employers, unearned income, assets, and dependents. Proper documentation is necessary to complete the application.

Income: Whether employed, unemployed, or retired, you must submit proof, as listed below, of all sources of earned and non-earned income.

- Most recent complete Federal Income Tax Return.
- If a Federal Income Tax Return is not filed, submit a letter indicating this.
- Gross total family income for the last 3 months. (Pay stubs or a written letter from employer verifying income for the last 3 months.)
- If you have no earned income in the previous 3 months, submit a letter from the person providing you with food, shelter, etc.
- Copy of your benefits statement or letter from Unemployment Compensation Office stating the amount you are/have received and for how long you are eligible to receive this benefit.
- Copies of checks or vouchers for all non-earned income, such as:
 - Social Security Benefits amount statement (your current year benefit statement from social security)
 - Veteran's Administration benefits
 - Pension plan benefits
 - Disability
 - Child support
 - Alimony
 - Other _____

Assets: Please list all assets and submit copies of recent statements for each, such as:

- Savings and checking accounts
- Bonds, cash value of securities, stocks, IRA accounts, etc.
- Equity in home ownership or other buildings, appraised amount (most recent property tax bill and mortgage statement)
- Ownership of land and appraised amount
- Value of automobiles, recreational vehicles, etc.

Dependents: If you list people other than family members on your application:

- Copy of the previous year's Income Tax Return showing them as your dependents.

Be sure to: Before mailing in make sure that you have completed and attached the following to your application:

- Sign the application
- Include the income information and attachments
- Include an assets list (where appropriate) and attachments
- Include verification of dependents and attachments

For assistance in completing the application or information about sliding scale discount care, contact a Day Kimball Hospital Patient Financial Advisor at 860-963-6337 between the hours of 8:00 a.m. and 6:00 p.m. – Monday through Friday.

**Gaylord Hospital
Gaylord Farm Road
Wallingford, CT 06492
1-866-GAYLORD**

Gaylord Hospital reviews every potential inpatient and outpatient admission to verify health insurance information and the level of the patient's health benefits. The process verifies that the level of benefits exists and that the insurance company is involved. Investigation reveals how much the patient's policy will pay per day, if treatment restrictions exist, and what percentage of the benefits have been used to date. Upon review, Patient Information Services will also determine:

- Whether commercial insurance is involved and Gaylord services are covered in the policy. (Some commercial insurance policies do not include coverage for treatment provided by hospitals, such as Gaylord.)
- Whether payment will be made solely by the primary insurance company or whether a secondary insurance company is involved.
- Whether the patient's insurance policy is with a managed care organization, and if so, whether the organization will authorize treatment.

Gaylord will admit all Title XIX or Title XIX Pending and all patients with spinal cord injuries before financial counseling.

Charity care is available. Gaylord does not discriminate on the basis of a patient's ability to pay. Gaylord also will work with patients to negotiate methods of payment, such as budget accounts.

Greenwich Hospital (part of Yale New Haven)
5 Perryridge Road
Greenwich, CT 06830
(203) 863-3000

Has funds available, including hospital bed funds, given to the hospital to provide care to patients who are not covered under, or receive services not covered under, insurance or governmental programs.

Need to show compelling hardship or personal circumstances which warrant providing financial assistance and meet Federal Income Guidelines. If you think you may be eligible for hospital funds and want to apply for them, you may request them from the Patient Financial Counselor at (203) 863-3013 who will provide you with an application.

You may also qualify for other kinds of financial assistance such as Medicaid or town/city welfare.

Determination of your eligibility will be either within a reasonable time before your intended service or within approximately 30 days.

The estimated total annual amount of free care available for all these funds is \$600,000 so take advantage of this opportunity if you can.

Griffin Hospital
130 Division St.
Derby, CT 06418
(203) 735-7421
Toll-free in CT (800) 354-3094
Contact us: griffin@griffinhealth.org

Free Bed Funds:

1. Has a pamphlet outlined in English and Spanish in all patient registration work stations and is available to all patients admitted to or registered at Griffin Hospital.
2. The pamphlet identifies to the patients the Griffin Hospital Free Bed Funds and the criteria for qualifying for the funds. Free Bed Funds available are:
 - The Eno Fund: an applicant must be a worthy Protestant woman over 60 years old and reside in the town of Ansonia, Derby, or Seymour.
 - Pine Trust: available to indigent patients of Griffin Hospital who reside in the City of Ansonia.
 - DN Clark Fund: available to Shelton residents proving financial hardship.
3. To apply for Free Bed Funds, the patient will meet with the hospital Financial Advisor to complete the application and sign off on the Free Care/Free Bed Informational Letter.

Uninsured Patient Procedure

1. The patient is registered by the Admitting Registrar who will identify the patient as having no medical insurance (self pay).
2. The patient will be given a Financial Assistance Pamphlet that will identify all Griffin Hospital Free Care assistance programs. The pamphlet also includes hospital contacts for patients seeking State welfare, SAGA (City welfare), or other State programs.
3. Patients who register as having no medical insurance with account balances over \$1,000 will be referred to the hospital Eligibility Worker. The patient will be seen within 24 hours of admission. If the Eligibility Worker is unable to ensure this requirement due to absence, a Financial Advisor will take the necessary steps to fulfill this requirement. All accounts under \$1,000 will be referred to the hospital Financial Advisors.
4. The hospital Eligibility Worker will complete a financial screening for those patients seeking Title 19 eligibility and for the uninsured status. They will also identify all patients meeting the State/SAGA and HUSKY program criteria. For patients meeting the criteria, the application process will be completed and all paperwork forwarded to the appropriate State department for processing. Patients who do not meet the criteria will be referred to the hospital Financial Advisor.
5. A letter will be sent to the patient requesting the patient to verify that they do not have medical insurance as identified during their hospital registration process. The letter will also request additional patient information regarding the patient's income if necessary. To meet Public Act 03-266, a patient's family income must fall under 250% of the poverty income for that family size, the hospital must have made a full determination as to the status of the State/SAGA/HUSKY programs (if applicable), and Free Bed funds have been determined non-applicable for the patient in review.

6. If the patient responds to the letter sent out by the Financial Advisor, this will begin the application process for the verification of the uninsured patient status. The Public Act 03-266 information from step 5 will need to be finalized with the patient in order for the uninsured determination to be made (i.e. proof of income).
7. Upon determination that a patient meets the outlined criteria, the patient will be classified as follows:
 - Uninsured Status; the patient's account will be taken from total gross charges and reduced to cost by applying factor supplied annually by OHCA.
 - The patient will be informed of this decision and will be sent a copy of their bill which will reflect the balance at reduction.
 - The patient will be advised of the balance that is due and payable.
8. The Financial Advisor will contact the patient to accomplish the following:
 - Attempt a payment arrangement with the patient on the remaining balance
 - If the patient identifies to the Financial Advisor that they cannot afford the remaining balance, an application for Free Care assistance will be completed (see below)

Free Care Assistance

1. Any patient requesting financial assistance in paying their Griffin Hospital bill can apply for the Free Care Assistance Program by contacting the hospital's Financial Advisory staff.
2. The Financial Advisor will be contacted by the patient to complete the Free Care application process.
3. The Financial Advisor will obtain the following information from the patient in order to complete the Free Care Application. The information required from the patient to complete the free care application is as follows:
 - Patient W-2 form (tax statement from previous and current year)
 - Three consecutive paystubs from patient's current employment
 - Dependent information (family size)
 - Any or all bank and checking account statements
4. The Financial Advisor will refer to the Griffin Hospital sliding scale. This is based on the Federal government Poverty Income Guidelines.
5. If the patient qualifies for Free Care assistance, the applicable discount percentage will be applied to the patient's account balance.
6. If a patient balance remains, the Financial Advisor will complete one of the following with the patient:
 - Require payment in full;
 - Set up a monthly payment arrangement.
7. If the patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balance.
8. If a patient does not qualify for Free Care assistance, the Financial Advisor will attempt to:
 - Obtain payment in full;
 - Set up a monthly payment arrangement.
9. If a patient does not maintain the agreed upon payment schedule, the account will be forwarded to an outside collection agency at the full remaining balance.
10. In some cases, it is necessary to override the policy guidelines on income due to "special" circumstance requirements, i.e., social admits, maxed out days, deceased patients. An override can be obtained by the Supervisor and Director or CFO allowing for consideration of eligibility.

11. The Collection Supervisor will maintain all monthly spreadsheets that will identify all Free Bed funds, Uninsured, and Free Care Assistance allocated on a monthly basis.

**Hartford Hospital
80 Seymour St.
Hartford, CT 06102
(860) 545-5000**

In order to process your application for Financial Assistance, we need the following information from you:

- Copies of income received (pay stubs, pension, unemployment, alimony, child support, interest, dividends, rental income, etc.) and most current W2 form
- Letter that you have been denied state assistance
- Letter from person providing food and shelter
- Letter from person assisting with bills
- Letter from person whose bills are in their name
- Most recent asset statements
 - Savings and checking account statements
 - Tax shelter, bonds, stocks, trust funds, TSA, IRA's, money market, CD, etc.
- Year and model of car(s) owned and estimated value
- Estimated value of home and outstanding balance
- Monthly/Outstanding debts
 - Most recent rent/mortgage/house taxes not included in mortgage payment receipts
 - Medical bills
 - Credit card statements (past 3 months with payments)
 - Loan, Insurance, and Taxes paid and outstanding balances
 - Utility bills (past 3 months with payments)
- Any additional information you would like to include _____

Please forward as much information as possible within ten (10) Business Days so that we can facilitate the application process and mail all forms to you at the address that you provide in your application. If you need assistance completing the application, please contact us.

Hartford Hospital
Patients Accounts Department
Attn. Financial Assistance Coordinator
80 Seymour St.
Hartford, CT 06102-5037

Midstate Medical Center
Patient Accounts Department
Attn. Financial Assistance Coordinator
181 Patricia Genova Drive
Newington, CT 06111

Johnson Memorial Hospital
201 Chestnut Hill Road
Stafford Springs, CT 06076
(860) 684-4251 or (860) 749-2201
TTY: (860) 684-8441
E-mail: Johnson@jmhosp.org

All patients who have no insurance and are requesting financial assistance must **first** be screened through the Department of Social Services. This screening consists of you applying for medical assistance with the Department of Social Services. The Manchester D.S.S. can be reached at (860) 647-1441. Upon completion of the screening, the D.S.S. will issue you a determination letter.

Your Financial Assistance Application must be completed and returned to our office with a copy of the determination letter from the Department of Social Services.

Call Customer Service at (860) 684-8190 if you have any questions. You can also contact us by mail at:

JOHNSON MEMORIAL HOSPITAL
Patient Accounting Dept.
201 Chestnut Hill Road
Stafford Springs, CT 06076

Income verification is required for all applicants as applicable to the guidelines listed on Johnson Memorial Hospital Free/Reduced Cost Services Program. **For your financial assistance application to be processed, you must provide copies of the following documents as they apply to your income:**

- Copy of denial letter from Department of Social Services (mandatory).
- Last 4 pay stubs from employer for each person in household. Please indicate periods of unemployment.
- Copy of 1040-tax form for prior year.
- Alimony, Child Support (Divorce Decree).
- Estate, Dividends, Allotments, Tips, Social Security, Retirement Pension Slips, Workers Compensation Benefits, Strike Benefits, Net Winning Income, Royalties, Annuity Income, Welfare Benefits or General Assistance Benefits.
- If self-employed, receipts from unincorporated business, professional enterprise, or partnership after deductions for business expenses (Use Business Tax from previous calendar year). Schedule K-1 (1120).
- If these charges occurred under part of a 3rd party liability suit please disclose this information also.
- If none of the above proof-of-income applies, please provide a detailed letter explaining the means of support for yourself, family, or household unit.

Lawrence & Memorial Hospital
365 Montauk Ave
New London, CT 06320
(860) 442-0711

Upon your admission to the hospital, you indicated your insurance company and how we should bill them. In most cases, the insurance company will pay the hospital directly. You are responsible for payment of any deductible or for any services not covered by insurance.

If you are eligible for Medicare and have any questions about how the system works, Medicare counselors, hospital staff, and some volunteers can guide you through completing forms or assist you in solving a problem with payment.

If you are confused by your bill, call our Business Office at 860.444.4702, Monday through Friday 8:30a.m. – 4:00p.m. During other times, you may either leave a message or send an email.

Patient last name A-F: LMpatientacctaf@LMhosp.org

Patient last name G-N: LMpatientacctgn@LMhosp.org

Patient last name O-Z: LMpatientacctoz@LMhosp.org

If you don't have insurance, you may be eligible for Medicaid or other government assistance programs. Our billing counselors can assist you with the application forms required for these programs.

Self-paying patients who cannot pay the total hospital bill should contact our business office. We will discuss payment arrangements and schedules with you. Some patients may be eligible for free bed funds or a discount based on their income.

Midstate Medical Center
435 Lewis Avenue
Meriden, CT 06451
Main Number: (203) 694-8200
Emergency – 24 Hour: (203) 694-8911
TTY: (203) 694-8276

See **Hartford Hospital** section above for the same instructions and information.

**Milford Hospital
300 Seaside Ave
Milford, CT 06460
(203) 876-4000**

Will never turn down anyone for care.

Pay after emergency room.

Financial help is offered, with \$7 million set aside for this specific need.

Contact us for additional information and financial assistance applications.

**New Milford Hospital
21 Elm Street
New Milford, CT 06776-2915
(860) 355-2611**

You must complete an application first before assistance under a financial aid program.

You **must** attach the following items to your application to have it processed:

- A copy of your most recent pay stub or unemployment check
- A copy of your most recent income tax return

If neither can be provided, we would request a **notarized letter** explaining your financial situation (How do you pay your bills? How are you surviving? Is someone supporting you?).

Once your application is processed, you will be notified by mail of the outcome. If we are in need of further information from you, we will contact you at the number you provide on the application.

If you have any questions, call 1-800-695-6639 on Monday-Friday 8:00AM-4:00PM.

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**St. Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105
(860) 714-4000**

Has funding available for qualified uninsured patients receiving medically necessary services who cannot afford to pay. These funds have been made available to the hospital from various donors. In addition, the hospital has financial assistance available for those patients who qualify.

In order to qualify for either Free Bed funding or Financial Assistance you must meet with one of our financial counselors and complete a Financial Relief Application. Upon completion your application will be reviewed for available funding and/or financial assistance.

The recipient will be notified within ten (10) days upon receipt of completed application verifying the approved amount and/or denial. If your application is denied, an explanation will be provided. If you have been denied, you may reapply, and your application will be reviewed for the availability of additional funds or a change in financial status.

For further information on how to apply, please call our Patient Business Services Department at (860) 714-4952. Our office hours are Monday through Friday from 8:00am to 4:00pm.

Saint Mary's Hospital
56 Franklin Street
Waterbury, CT 06706
(203) 709-6000

Insurance Responsibility

- Saint Mary's Hospital participates in and accepts most major payers including Medicare, Medicaid, commercial carriers and managed care programs.
- If you are a member of any of the above, Saint Mary's Hospital will bill your insurance company directly.
- You are responsible for obtaining any referrals or pre-authorizations your insurance plan may require. Your physician's office can assist you with obtaining this authorization. If proper authorizations are not obtained, your admission/procedure may be rescheduled.
- You will be notified in advance of any insurance co-payments and/or deductibles your insurance plan may require. Please be aware that as part of your insurance agreement, payment is expected at the time of service.
- Financial Counselors are available at your request if you would like to discuss payment issues.
- Be sure to bring insurance cards and photo ID with you the day of your admission/procedure.
- If your admission/procedure is the result of an accident or workers' compensation, you will need to provide the accident/workers' compensation information prior to the date of admission/procedure.

Financial Assistance

Saint Mary's Hospital provides financial assistance to patients who qualify for Bed Funds or other financial assistance programs.

If you are uninsured or otherwise unable to pay your medical bills you may qualify for hospital bed fund. In order to qualify, you must meet the following criteria:

1. You must be liable for one or more hospital charges due to Saint Mary's Hospital.
2. You must provide proof that you applied, and were denied medical or health coverage under the SAGA or Medicaid program, due to failure to meet income or other eligibility guidelines.
3. You must not be eligible to have your medical bills paid by any other third party payor, including, but not limited to, Medicare, Tricare, private health insurance, workers' compensation or motor vehicle insurance.
4. Your household income must be at or below 250% of the Federal Poverty Limits.

If you qualify for "Free Bed Fund", or any of our other financial assistance programs, you will be notified within thirty (30) days of receipt of your application. If your application is denied, an explanation will be provided. You may reapply at any time and your application will be reassessed based on the availability of additional funds or a change in your financial status.

If you would like to know if you qualify for one of these programs, please ask to speak to one of our Financial Counselors or you can call **(203) 709-7741**. Our office hours are Monday – Friday, from 9:00 a.m. to 4:00 p.m.

**Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511
(203) 789-3000**

The Hospital of Saint Raphael participates with Medicaid, Medicare, HUSKY, and a multitude of insurers, including most HMOs, PPOs, TPAs, Taft Hartley plans and self-insured products offered in Connecticut. The following list represents a sampling of the major active participating insurers for 2007.

Please contact your insurance company for verification of specific network coverage as well as individual plan requirements regarding referrals, authorizations and co-pay/deductible amounts. You may also contact the Hospital of Saint Raphael Managed Care Department at (203) 789-3620 to verify if the hospital participates with your insurance carrier.

**Anthem Blue Cross and Blue Shield of Connecticut
Community Health Plan
ConnectiCare
CIGNA Healthcare
Health Management Center/Northeast Healthcare Alliance
HealthNet
Multiplan
Northeast Health Direct
Oxford Health Plans
United Health Care
Wellcare**

If you are a senior citizen and have questions about your insurance options, please call CHOICES at the Connecticut Office on Aging at (800) 994-9422

To qualify for financial assistance, you must meet the following criteria:

- You must provide proof that you applied and were denied medical or health coverage under at least one of the general assistance programs (HUSKY, SAGA, Medicaid) due to income or other eligibility guidelines.
- You do not have access to a third party payer to help pay medical expenses. Third party payers include, but are not limited to, Medicare, private health insurance, or worker's compensation.
- Your household income must be at or below 250% of the Federal poverty limits.
- You must complete Saint Raphael's Financial Assistance Program application.

Saint Raphael's offers four financial assistance programs to help qualifying patients offset the cost of medical services. These programs are based on Federal Poverty Income Levels and offer discounts ranging from 30 – 100% of billed services.

Free bed funds are also available to provide a "free bed" for those who cannot afford medical care. A list of free bed funds is available on the website. To qualify for a free bed fund, patients must meet the criteria outlined in the Financial Assistance Program and meet the donor's guidelines.

Even patients denied free bed funds may re-apply for future consideration.

Financial counselors are available for help. For more information on Saint Raphael's Financial Assistance Program and Free Bed Funds, call 203-789-3227 or go to the website.

Free Bed Funds for St. Raphael's Hospital:

Fund Name	Description
Stiles	Income to pay for the hospitalization of any patients nominated by the Rectory of St. John's Church of North Haven.
Christ Church	Income to pay for the hospitalization of any patients nominated by the Rectory of Christ Church of North Haven.
Alice Derby Lang	Income to be used for the benefit and support of patients in the hospital who shall not meet the standards of charity, but yet whose means shall not be sufficient to meet the costs of such medical and hospital aid as many be needed.
Nurses Alumnae	To provide a free bed for any graduate of the HSR School of Nursing who is a member of the alumnae in good standing.
Mary Dugan Dale	Income to provide hospitalization for the benefit of herself, and other persons designated by her, and thereafter for the descendants of her parents.
F. Newman & Sons	Income to be used to help defray the hospital expenses for any person unable to pay such expenses, at the discretion of the hospital.
Albert Williams	Income to be used for the maintenance of a free bed for worthy and deserving patients.
Margaret Hall	Income to be used for the needy cancer patients who reside in West Haven or New Haven.

An application is available online in PDF format.

**Waterbury Hospital
64 Robbins Street
Waterbury, CT 06721
(203) 573-6000**

To qualify as an “uninsured patient,” there are certain criteria:

1. Patient has applied and been denied eligibility of any medical or healthcare coverage provided by the state of Connecticut i.e. Medicaid or City Welfare, due to failure to satisfy income or other eligibility requirements...**[proof of Medicaid/Saga denial required] AND**
2. **Patient is not eligible for coverage of hospital services under the Medicare or Champus programs, or under Medicaid or health insurance program of any other state, country or any other governmental or privately sponsored health or accident insurance or benefit program including but not limited to worker’s compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence...AND**
3. Income level must be at or below 200% of the most recent Poverty Income Guidelines.

Proof of income is required in addition to other things. Here is a checklist for financial assistance to help you gather necessary materials:

- Proof of Residence (rent receipt or letter from landlord or others)
- Proof of Debt (ALL BILLS OWED)
- Last 13 weeks of wage stubs or letter from employer
- Copy of SS or SSI or other benefit check or letter from agency
- Copy of child support check
- Most current Income Tax statement
- Proof of assets
- Bank account statement or savings passbook (LAST 3 MONTHS)
- Stocks
- IRA’S
- Bonds
- Life insurance policies
- Car registration
- Copy of Title XIX referral (W-1 form)
- Copy of City Welfare referral
- Alien registration card or other proof of alien status
- Other _____
- Other _____
- Other _____

If a patient claims no income, a notarized statement must be provided from the person that is supporting the patient financially.

Application must be mailed to:

WATERBURY HOSPITAL HEALTH CENTER
P.O. BOX 1590
WATERBURY, CT 06721

ATTN: PATIENT FINANCIAL SERVICES

William W. Backus Hospital
326 Washington Street
Norwich, CT 06360
(860) 889-8331

Charitable Care

Backus Hospital provides Free Bed Funds and other financial assistance programs for certain qualified patients who are unable to pay all or part of their bill for inpatient, outpatient and emergency services rendered at the Hospital. The Free Bed Funds originate from gifts made to the Hospital. The interest earned on these funds enables the Hospital to provide some services to qualified individuals at no cost or at a reduced cost. If you are coping with a financial hardship, and are facing debts owed to Backus Hospital, Free Bed Funds may be available to you. To obtain further information, including an application, please contact our customer service representatives at **889-8331, ext. 2917**, Monday through Friday from 7:30 am to 4 pm.

**Windham Community Memorial Hospital
112 Mansfield Ave
Willimantic, CT 06226
(860) 456-9116**

The charity care application requires information about members of the assistance unit, employment, current income, other income, assets, military history, medical insurance/benefits, expenses, and other miscellaneous household expenses.

A signature certifies that the patient is requesting Charity Care and will provide necessary documentation, as requested, to confirm that all statements made by the patient on the application are true and correct. Additionally, the hospital is authorized to conduct an investigation to establish the patient's eligibility and may have the patient complete applications for third party payers.

Mail to:

Windham Hospital
112 Mansfield Avenue
Willimantic, CT 06226
Attn: Financial Counselor

University of Connecticut Health Center (John Dempsey Hospital)

263 Farmington Avenue

Farmington, CT 06032

(860) 679-2233

If you meet the definition of “uninsured” as defined by Section 19a-673 of the Connecticut General Statutes, you may be eligible to have your balance(s) reduced. You are “uninsured” if you meet **all** of the following:

- You have one or more outstanding balances due to John Dempsey Hospital.
- You have applied and been denied eligibility for any medical or health care coverage provided under Medicaid or State Administered General Assistance (SAGA) due to failure to satisfy income or other eligibility requirements.

Proof of denial required.

- You are not eligible for coverage for hospital services under any other health or accident insurance program (including worker’s compensation, third party liability, and motor vehicle insurance).
- Your household income is at or below 250% of the poverty guidelines.

Proof of income required.

To find out if you qualify, please contact us. We are also available to assist you with the Medicaid/SAGA application process. You may contact us:

- By phone at (860) 679-2767 Monday-Friday 7:00am – 8pm
- By appointment or walk-in to the Patient Access Department in Building 18.

Documents required include:

- Pay stubs for the last three (3) months
- Previous year’s income tax return (Schedule C if you are self employed)
- Previous year’s W-2 form(s)
- Copies of invoice/bills showing the balance due
- Other source of income
- Must provide proof of CT Residency (example: CT driver’s license, Cable bill, Telephone bill, Light & Power bill, etc.)

Yale-New Haven Hospital
20 York Street
New Haven, CT 06510-3202
(203) 688-4242

There are a variety of financial assistance programs, which apply to:

- Uninsured patients (as defined by CT Public Act 03-266)
- Patients with no insurance coverage
- Non-covered services (as determined by the patient's third party payer benefits) that are medically necessary
- Under-insured patients with significant co-payments and deductibles
- Charges incurred after patients' exhaustion of third party payer benefits

The programs **do not apply to**:

- Routine waiver of deductibles, co-payments, and co-insurance imposed by third party payers on hospital claims
- Private room or private duty nurses
- Services that are not medically necessary, such as elective cosmetic surgery
- Other fees that may not be charged directly by Yale-New Haven Hospital (e.g. television or telephone charges)

Programs:

Free Care Program: Uses "free bed funds" donated by community. You may be eligible for care free of charge if:

- Your family earns less than 2.5 times the Federal Poverty Level
- You apply for State Assistance (Medicaid, SAGA) and receive a valid written decision from the State

Nominated Free Bed Funds: Donors select a certain church, individual, or entity that can "nominate" specific patients to receive free bed funds. You may be eligible to receive nominated free bed funds to reduce or eliminate your hospital bill if:

- You have demonstrated financial need as determined by a fund's nominator;
- You meet all eligibility criteria to receive funds (each fund has unique criteria)
- You are nominated to receive the funds

Note that there is no specific income limit for receiving free bed funds. Call (203) 688-2030 for more information.

Sliding Scale Program: Lowers hospital bills significantly for patients who:

- Do not have any health insurance
- Have family income less than 4 times the Federal Poverty Level

Catastrophic Sliding Scale Program: Provides discounts to patients who:

- Do not have any health insurance
- Have hospital bills greater than 10% of their annual income

To request an application, call (203) 688-2030.

Me & My Baby Program: Provides prenatal care, labor and delivery services, and post-partum care free of charge to those who qualify. You may be eligible if:

- You live in New Haven County
- You do not have any health insurance
- Your family earns less than 2.5 times the Federal Poverty Level
- You apply for State Assistance (Medicaid, SAGA) and receive a valid written decision from the State

Call (203) 688-5555 for information, an application, and/or to see our representatives at the Women's Center.

All programs require a completed financial assistance application with the following attached:

- Proof of income
- A copy of the front and back of your insurance card (if insured)
- A valid written decision regarding your eligibility for State Assistance (SAGA/Medicaid) if you are applying for the Free Care Program

Prompt Payment and Extended Payment Plans:

For patients who do not qualify for assistance either under the Policy for Free Care Funds or the Hospital's Sliding Scale Discounting Program, the Hospital provides financial assistance to patients through discounts for prompt payment and offers extended, interest-free payment options.

Appeal to Committee:

Patient accounts may be referred to the Committee for review by Patient Financial Services, Patient Relations Representatives, or other appropriate referral sources. In general, the Committee will review patient accounts that do not meet the standard eligibility requirements for the various Financial Assistance Programs but still demonstrate compelling hardship or personal circumstances which warrant financial assistance.

Typical referrals to the Committee will include:

- Insured patients with co-payments and deductibles that present financial hardship
- Self-pay patients with income/assets above 400% of the poverty level with a significant bill that presents a financial hardship
- Insured patients who have exhausted insurance benefits or maximum coverage amounts with a significant bill that presents financial hardship
- Medicaid enrollees with a Medicaid spend down and demonstrated financial hardship

The Committee will typically deny financial assistance requests for the following situations:

- Services denied by an insurance plan as experimental or non-FDA approved
- Financial hardship caused by the intentional failure of a patient to follow through with: a) medical advice, or b) health plan requirements such as payment of premium, notification of admission, or other requirements outlined in the patient's Subscriber Certificate

The Committee will communicate findings to the appropriate departments as well as writing to the affected patient.

Summary and Instructions to Patients for Free Care Application:

Yale-New Haven provides Free Care to eligible patients. Guidelines used for determining eligibility include an income level that does not exceed two and one-half times the poverty level based on the size of the patient's family unit. The following are also required: proof of income and copy of a current SAGA/State assistance denial. Carefully following the instructions below will insure the fast processing of your application.

1. Before applying for Free Care Funds, all patients must apply for SAGA/State assistance. This includes patients who are non-citizens (documented and undocumented residents) and patients who receive supplemental Social Security income or Social Security disability.
2. Please contact your local State Assistance office for application information. The decision for SAGA/State must be received, in writing, and provided to Yale-New Haven Hospital along with the completed Free Care application. Anyone who is denied SAGA/State assistance for failure to cooperate in determining eligibility will be denied Free Care funds.
3. Patients must provide a statement of income: a copy of the most recent tax return or a verification source of income (pay stubs, etc.) for the current year. Patients do not need to supply this documentation for the time when their bill was incurred. Current information is evaluated, as the debt is owed at this time.-
4. Patients must provide all the required information with their Free Care application. If you are unsure of how to do this, please call the Patient Account Correspondence Unit at (203) 688-2030, or the number listed on your bill.
5. Free Care applies to debts incurred for Yale-New Haven Hospital services. It will not cover Yale School of Medicine, Yale Diagnostic Radiology, Yale-New Haven Emergency Room Physician billings, or private physician bills.
6. Once you obtain all of the required information, it should be forwarded along with the completed application to:

Yale New Haven Health System, Systems Business Office
789 Howard Avenue (MCS), New Haven, CT 06519

7. Patients will be notified in writing regarding our decision. If your application is denied, you may re-apply at any time following the above instructions. Further, additional funds may become available on an annual basis.
8. If you are not eligible for free care and you believe that you may have difficulty in paying your hospital bill, Yale-New Haven Hospital may be able to assist you with other financial support services. These include Sliding Scale Program, prompt payment of discounts, payments over time, financial hardship related to copayments and deductibles, pharmacy manufacturer support for off-label drugs, or *Me and My Baby* Program. Please discuss these options with one of the Hospital's financial counselors.

Summary and Instructions to Patients for Sliding Scale Application:

Yale-New Haven Hospital provides discount to eligible patients. The Hospital also provides other assistance described below in Section 7. Guidelines used for determining eligibility for sliding scale include an income level that does not exceed four (4) times the poverty level based on the size of the patient's family unit. The following are also required: proof of income and a completed application. Carefully following the instructions below will insure the fast processing of your application.

1. Patients must provide a statement of income: a copy of the most recent tax return or a verification source of income (pay stubs, etc.) for the current year. Patients do not need to supply this documentation for the time when their bill was incurred. Current information is evaluated, as the debt is owed at this time.
2. Patients covered by any commercial healthcare plan, including but not limited to Worker's Compensation, automobile insurance or any governmental coverage (Medicare, Medicaid, etc.) may not be eligible for the Sliding Scale Program.
3. Patients must provide all the required information with their Sliding Scale application. If you are unsure of how to do this or you have any questions about this Summary, please call the Patient Account Correspondence Unit at (800) 688-2030, or the number listed on your bill.
4. Sliding Scale applies to debts incurred for Yale-New Haven Hospital services. It will not cover Yale School of Medicine, Yale Diagnostic Radiology, Yale-New Haven Emergency Room Physician billings, or private physician bills.
5. Once you obtain all of the required information, it should be forwarded along with the completed application to:

Yale New Haven Health System, Systems Business Office
789 Howard Avenue (MCS), New Haven, CT 06519

6. Patients will be notified in writing regarding our decision. If your application is denied, you may re-apply at any time following the above instructions. Further, additional funds may become available on an annual basis.
7. If you believe that you may have difficulty in paying your hospital bill, Yale-New Haven Hospital may be able to assist you with other financial support services. These include Free Care, prompt payment discounts, payments over time, financial hardship related to copayments and deductibles, pharmacy manufacturer support for off-label drugs, or *Me and My Baby* Program. In addition, you may be eligible to be nominated by an outside nominator for free bed funds. Please discuss these options with one of the Hospital's financial counselors.