CALVARY HOSPITAL
Where Life Continues

Financial Assistance Summary

Calvary Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided. The Hospital provides discounts to qualifying individuals based on income. Calvary Hospital will provide emergency medical care within the guidelines of the Rapid Response Policy (see Nursing policy B.19 Rapid Response) without discrimination, whether or not the individuals are FAP eligible. **Just contact our Patient Accounts Department at 718-518-2063 for a Financial Assistance application: An application can also be found on the hospital's website by visiting:** www.CalvaryHospital.org/admissions/patientfinancialinformation.

Who qualifies for a discount?
Financial assistance is available for patients with limited incomes who have no health insurance or have exhausted their health insurance benefits.
Every New York State resident who needs medically necessary services at Calvary Hospital can get a discount if they meet the income limits. You cannot be denied medically necessary care 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. If you have no health insurance, have exhausted your insurance benefits, or have incurred deductibles, co-pays or coinsurance, these are the income limits:

Size of Family	300% Annual Poverty Income Guidelines
1	$37,470
2	$50,730
3	$63,990
4	$77,250
5	$90,510
6	$103,770
7	$117,030
8	$130,290

*Based on the 2019 Federal Poverty Level Guidelines

What if I do not meet the income limits?
If you cannot pay your bill, the Hospital can offer a payment plan. The amount you will pay depends on your income but in any event will not exceed 10% of your gross monthly income.

Can someone explain the discount? Can someone help me apply?
Yes, free, confidential help is available. Call the Patient Accounts Department at 1-718-518-2063. If you do not speak English, someone will help you in your own language. The Financial Counselor will explain and 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. Documents may include One month's Pay stubs / Unemployment checks / Compensation papers / Social Security checks/copy of award letter(s) /W2 form for the previous year or other documentation to support the family annual income.

What do I need to apply for a discount?
The Admitting or Patient Accounts office will provide you with an application. Just complete the application and submit it to the Patient Accounts Department. An application and packet can be found on the hospital website at www.calvaryhospital.org/patients-families/patient-financial-information/ or by visiting the admitting or Patient Accounts department at the Hospital. You can also call 718-518-2063 for an application packet to be mailed to you.

What services are covered? This Policy does not cover:
All provider services are covered under this policy except for Dr. Burger although contracted with Calvary Hospital bills for his own services and therefore his services are not included in Calvary's FAP policy. Medically necessary services provided by physicians and other health care providers who treat you at Calvary Hospital whether employed by or directly contracted by the hospital are eligible. All listed provider services are covered under this policy except for Dr. Burger although contracted with Calvary Hospital bills for his own services and therefore his services are not included in Calvary's FAP policy.

A complete listing of Calvary employed providers or contracted Providers can be found on the Calvary website www.calvaryhospital.org/patients-families/patient-financial-information/.

How much do I have to pay?
Discounts are determined based on the income test described above. You can pay as little as $0 if your income is 300% or less of the Federal Poverty Level and meet all the other qualifications for eligibility. Eligibility is based on annual family income and family size. See the below Federal Poverty Guidelines chart:

	2019 Annual Guidelines			
Family Size	**100% Federal Poverty Guidelines**	**200% Federal Poverty Guidelines**	**250% Federal Poverty Guidelines**	**300% Federal Poverty Guidelines**
1	$12,490	$24,980	$31,225	$37,470
2	$16,910	$33,820	$42,275	$50,730
3	$21,330	$42,660	$53,325	$63,990
4	$25,750	$51,500	$64,375	$77,250
5	$30,170	$60,340	$75,425	$90,510
6	$34,590	$69,180	$86,475	$103,770
7	$39,010	$78,020	$97,525	$117,030
8	$43,430	$86,860	$108,575	$130,290
More than 8 members add per member	$4,420	$8,840	$11,050	$13,260
DISCOUNT		**100%**	**90%**	**85%**

* Please note - Annual guidelines are updated every January

Calvary Hospital uses the Prospective Method to calculate Amounts Generally Billed (AGB). Qualified Patient Account Balances are adjusted to AGB first and then the financial aid discount is applied if applicable.
A Financial Aid (FAP) qualified individual will not be billed more than AGB.

If you are eligible for a discount the following rates would apply:

Service	Amount Generally Billed *	200% FPL 100% discount	250% FPL 90% discount	300% FPL 85% discount
Inpatient (per day)	$1,157.00	$0.00	$ 115.70	$ 173.55
Clinic	$125.38	$0.00	$ 12.54	$ 18.81
Physician				
99231	$45.75	$0.00	$ 4.58	$ 6.86
99232	$83.20	$0.00	$ 8.32	$ 12.48
99233	$120.93	$0.00	$ 12.09	$ 18.14
99223	$235.71	$0.00	$ 23.57	$ 35.36
99238	$85.49	$0.00	$ 8.55	$ 12.82
Hospice				
BX/NY/QNS/WES/ROC/KINGS County				
Routine Day 1-60	$234.18	$0.00	$ 23.42	$ 35.13
Routine Day 61+	$184.02	$0.00	$ 18.40	$ 27.60
SIA (SN/MS visits during the last 7 days of life) per hour	$49.58	$0.00	$ 4.96	$ 7.44
Continuous Care (every 24 hours)	$1,189.95	$0.00	$ 119.00	$ 178.49
Respite	$202.81	$0.00	$ 20.28	$ 30.42
General Hospice Inpatient	$894.57	$0.00	$ 89.46	$ 134.19
Nassau County			$ -	$ -
Routine Day 1-60	$233.75	$0.00	$ 23.38	$ 35.06
Routine Day 61+	$183.68	$0.00	$ 18.37	$ 27.55
SIA (SN/MS visits during the last 7 days of life) per hour	$49.49	$0.00	$ 4.95	$ 7.42
Continuous Care (every 24 hours)	$1,187.75	$0.00	$ 118.78	$ 178.16
Respite	$198.42	$0.00	$ 19.84	$ 29.76
General Hospice Inpatient	$893.02	$0.00	$ 89.30	$ 133.95
Home Care				
Skilled Nursing	$146.50	$0.00	$ 14.65	$ 21.98
Physical Therapy	$160.14	$0.00	$ 16.01	$ 24.02
Occupational Therapy	$161.24	$0.00	$ 16.12	$ 24.19
Speech Therapy	$174.06	$0.00	$ 17.41	$ 26.11
Social Worker	$234.82	$0.00	$ 23.48	$ 35.22
Home Aid per visit	$66.34	$0.00	$ 6.63	$ 9.95

How do I get the discount?
You have to fill out the application form. As soon as we have the information on your residency, income, and family size we can process your application for a discount.
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 Calvary Hospital, 1740 Eastchester Road, Bronx, NY 10461.
Patients will have at least two hundred and forty (240) days from the date of service or discharge to apply for financial assistance. Patients will have at least another twenty (20) days from receipt of the application materials from the hospital to provide the information.

How will I know if I was approved for the discount?
The Hospital will send you a letter within 7 days after completion and submission of the application, telling you if you have been approved and the level of discount you qualify for. For unfavorable determinations the outstanding balances will be pursued via the hospital's "Billing and Collection Policy", which may include referrals to collection agencies. The collection agency will pursue an estate search and assets from the patient's estate. Collection agencies must obtain Hospital approval in writing before any legal action is initiated. A copy of the hospital Billing and Collection Policy is available by calling the Patient Accounts Department Manager at 718-518-2064 or via Calvary Hospital web site: www.calvaryhospital.org/patients-families/patient-financial-information/.

What if I receive a bill while I'm waiting to hear if I can get a discount?
You are not 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 a means to appeal the 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.

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NOTICE OF AVAILABILITY FOR FINANCIAL ASSISTANCE

Calvary Hospital, Inc. is required by law to give a reasonable amount of its services, without charge, to eligible persons who cannot afford to pay for care. Patients may be required to apply for Medicaid as a condition before receiving financial assistance. Failure to cooperate with the Medicaid application process, if requested, may result in denial of financial assistance. Eligibility for free or discounted care will be limited to persons whose family income is not more than 300% the current poverty income guidelines established by the Department of Health and Human Services. At Calvary Hospital, Inc., financial assistance is available to Inpatient, Outpatient Clinic, Physician, Home Health Care, and Hospice patients.

To be eligible to receive financial assistance, your annual family income must be less than 300% the Annual Poverty Income Guidelines:

Size of Family	**300% Annual Poverty Income Guidelines**
1	$37,470
2	$50,730
3	$63,990
4	$77,250
5	$90,510
6	$103,770
7	$117,030
8	$130,290

For each additional family member (over 8), add $12,960

If you think you may be eligible for financial assistance, you may apply for them at the Admitting Department, Patient Accounting Department, Outpatient Clinic, or Home Care/Hospice Departments or call 718-518-2063. Calvary Hospital will make a written conditional or final determination of your financial assistance eligibility within seven (7) working days of receiving your request.

For a copy of the full Financial Assistance Policy, please visit our website at: www.calvaryhospital.org/patients-families/patient-financial-information/.

Effective: January 1, 2019

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DEFINITIONS

Income: For purposes of determining financial eligibility under the Financial Assistance Policy, income includes total annual cash receipts before taxes from all sources. Income includes self-employment, social security payment, unemployment compensation, veterans payments, public assistance, alimony, child support, private pensions, government pensions, insurance and annuity payments. Calvary Hospital accepts the following as proof of income:

- W2 forms
- Tax returns
- Social Security income
- Pension income
- Disability income

Income does not include the following types of money received: Capital gains, any assets drawn down as withdrawals from a bank, the sale of property, a house, a care, tax refunds, gifts, loans, lump-sum inheritances, one time insurance payments or compensation for injury. Also excluded are non-cash benefits, such as the employer paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non cash benefit programs as Medicare, Medicaid, food stamps, school lunches and housing assistance.

Family: A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment, they would all be considered members of a single family.

Unrelated individual: An unrelated individual is a person (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the only person living in a house or apartment, or may be living in a house or apartment (or in group quarters such as a rooming house) in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.

Household: As defined by the Census Bureau for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units (see next item), but only one household. Some programs, such as the Food Stamp Program and the Low-Income Home Energy Assistance Program, employ administrative variations of the "household" concept in determining income eligibility. A number of other programs use administrative variations of the "family" concept in determining income eligibility. Depending on the precise program definition used, programs using a "family" concept would generally apply the poverty guidelines separately to each family and/or unrelated individual within a household if the household includes more than one family and/or unrelated individual.

Family Unit: "Family unit" is not an official U.S. Census Bureau term, although it has been used in the poverty guidelines Federal Register notice since 1978. As used here, either an unrelated individual or a family (as defined above) constitutes a family unit. In other words, a family unit of size one is an unrelated individual, while a family unit of two/three/etc. is the same as a family of two/three/etc.

If the definition of family provided above is used, it must be interpreted to include college students as follows: Students, regardless of their residence, who are supported by their parents or others related by birth, marriage, or adoption are considered to be residing with those who support them.

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CALVARY HOSPITAL APPLICATION FOR FINANCIAL ASSISTANCE

Patient Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Type of Service Rendered/Requested: Inpatient ☐ Outpatient ☐ Physician ☐ Home Care ☐ Hospice ☐

Date(s) of Service: _____

Applicant Statement:

I certify that the above information is true and accurate to the best of my knowledge. Further, if requested, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my hospital charge, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges.

I understand that this application is made so that the hospital can judge my eligibility for uncompensated services based on the established criteria on file in the hospital. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

_____ _____
Date Applicant's Signature

_____ _____
Relationship Print Name

ELIGIBILITY DETERMINATION (FOR OFFICE USE ONLY)

Date Application Received: _____ Income Verified: Yes ☐ No ☐

Med Rec #: _____

	Last 12 Months	**Last 3 Months**	**Family Size**
Patient's Gross Income	_____	_____	_____
Other Family Income	_____	_____	_____
Total Family Income	_____	_____	_____

☐ The Applicant is eligible for ☐ free care under or a reduction of _____% of the hospital charges in accordance with our sliding scale. Amount provided as uncompensated services: _____.

☐ Applicant's request for free services has been denied for the following reason(s): _____

_____

_____ _____
Date of Determination of Eligibility Date Applicant Notified

_____
Approved by Manager of Patient Accounts

The following documents were provided to verify income and family composition:

_____
Alternate Approved by Director of Patient Accounts

☐ Paycheck Stub ☐ Income Tax Form

☐ Other: _____