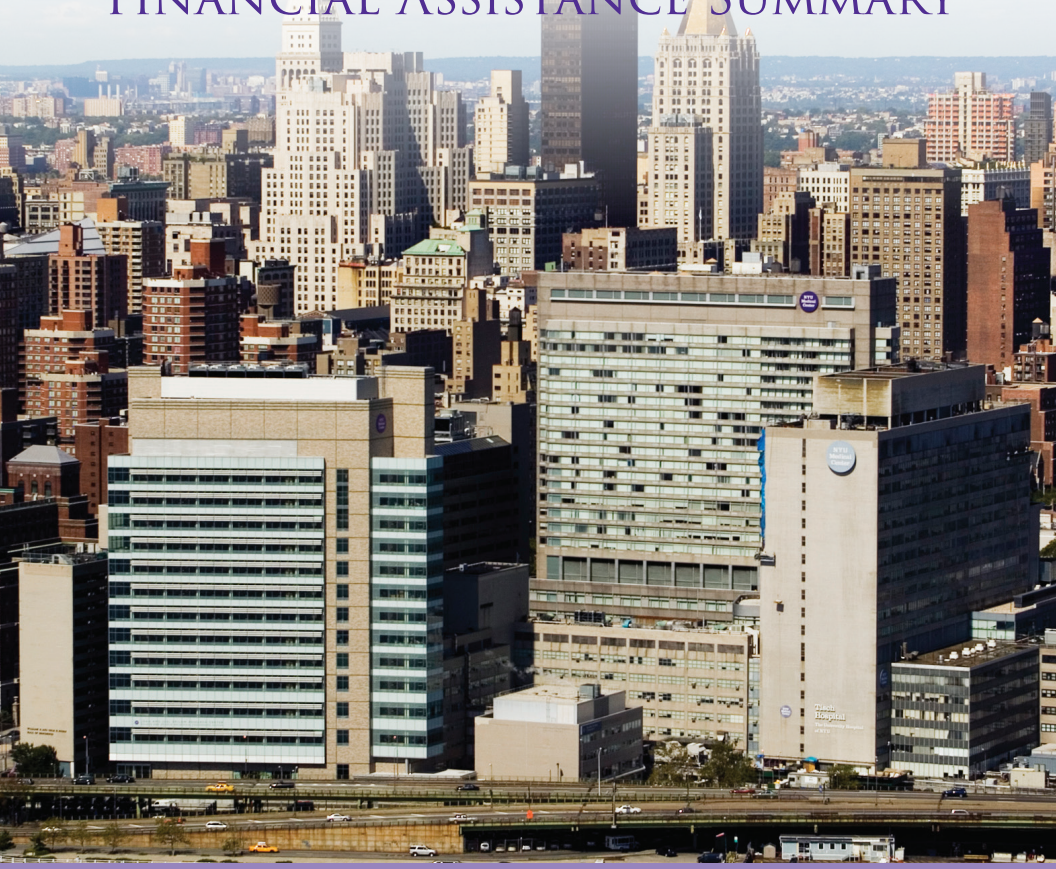
NYU Hospitals Center
Financial Assistance Summary



La solicitud y el resumen de asistencia financiera también se encuentran disponibles en español.

Заявление на получение финансовой помощи и форма ''Summary'' также доступны на русском языке.

財務補助表格與概要也有中文版.

NYU Langone
MEDICAL CENTER

NYU Hospitals Center 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. In addition, we can help you apply for free or low-cost insurance if you qualify. Just contact our Financial Counseling Office at 1-866-486-9847 or go to Room Tisch SK-109-L for free, confidential assistance.

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 and every person who needs emergency services at Tisch Hospital, Rusk Institute or NYU Hospital for Joint Diseases can get a discount if they meet the income limits. You cannot be denied 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, have exhausted your insurance benefits, or have incurred deductibles, co-pays or coinsurance, these are the income limits:

*Based on the 2015 Federal Poverty Level Guidelines

Income Based Federal Poverty Levels 2015

	100% Discount (SC1)	100% Discount (SC1)	100% Discount (SC1)	100% Discount (SC1)	75% Discount (SC2)	50% Discount (SC3)	25% Discount (SC4)
Family Size	*(Weekly) 150% FPL*	*300% FPL*	*400% FPL*	*600% FPL*	*650% FPL*	*700% FPL*	*800% FPL*
1	$340	$679	$905	$1,358	$1,471	$1,584	$1,811
2	$460	$919	$1,225	$1,838	$1,991	$2,144	$2,451
3	$580	$1,159	$1,545	$2,318	$2,511	$2,704	$3,091
4	$700	$1,399	$1,865	$2,798	$3,031	$3,264	$3,731
5	$820	$1,639	$2,185	$3,278	$3,551	$3,824	$4,371
6	$940	$1,879	$2,505	$3,758	$4,071	$4,384	$5,011
7	$1,060	$2,119	$2,825	$4,238	$4,591	$4,944	$5,651
8	$1,180	$2,359	$3,145	$4,718	$5,111	$5,504	$6,291
Additional Person add	$117	$234	$312	$468	$508	$547	$625

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 Financial Counseling Office at 1-866-486-9847. If you do not speak English, someone will help you in your own language.

The Financial Counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus. If the Finance 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.

What do I need to apply for a discount?
The Financial Counselor will provide you with an application. Just complete the application and submit it to the Financial Counseling Services Unit.

What services are covered?
This Policy does not cover: cosmetic procedures; services provided by physicians and other health care providers who treat you at NYU Hospitals Center but are not employed by the hospital and bill separately from the Hospital, such as physicians employed by NYU School of Medicine in their private practice, anesthesiologists, radiologists, private duty nurses, ambulette service providers, home care service providers; elective procedures for patients who are enrolled in HMO/commercial insurance plans which do not contract with the Hospital; and discretionary charges such as telephones, televisions and private room differential charges.

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 600% or less of the Federal Poverty Level and meet all the other qualifications for eligibility.

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

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 NYU Hospitals Center, c/o Financial Counseling Services at 550 First Avenue, Room SK-109-L, NY, NY 10016.

Patients will have at least ninety (90) days from the date of service or discharge to apply for financial assistance. Patients will have a least another twenty 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 30 days after completion and submission of the application, telling you if you have been approved and the level of discount you qualify for.

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.

For Administrative use only
Facility_____
Account #_____
Med.Rec#_____

Financial Assistance Application
(Attachment A)

For Administrative use only
Patient Type _____
Amount of W/O $_____
Method of Calculation _____

I. Patient Demographics

Patient Name:_____
(Last) (First) (Middle) (SSN – **NOT REQUIRED**) (DOB)

Guarantor Name:_____
(Last) (First) (Middle) (SSN – **NOT REQUIRED**) (DOB)

Address:_____
(Street) (City) (State) (Zip code)

Home Telephone:_____ Work Telephone:_____ Cell Telephone:_____

II. Household Information

Patient Marital Status: *(Circle One)*	**Married**	**Single**	**Separated**	**Total Number in Household:**

Spouse & Dependent Name(s): *(Attach separate sheet for additional dependents)*	**Date of Birth**	**Social Security Number (NOT REQUIRED)**

III. Current Employment Information

Employee Name (Patient, Guarantor, Spouse, or Dependent):	**Employer Name, Address and Dates of Employment**
	Hire Date:
	Hire Date:
	Hire Date:

IV. Insurance Information *(Attach separate sheets for additional Insurance information)*

Are you covered by or are you applying for any health insurance (Including Medicaid, Child Health Plus, Family Health Plus, or Healthy NY)?	**YES**	**NO**
If yes, please explain: *(include insurance company name, address, telephone number, policy/group number and subscriber information)*		

V. Other Information

Is treatment the result of an accident or injury?	YES	NO
If Yes, date of accident: Brief description of the accident:		

Street, City and State of accident: Will a homeowner's or liability insurance be involved?

Financial Assistance Application

(Attachment B)

VI. Financial Statement

Enter totals for Patient, Guarantor, Spouse and Dependents: *(Add additional sheets as necessary)*

MONTHLY INCOME:	AMOUNT:
Gross Wages, Salaries, Tips	$
Social Security	$
Disability	$
Unemployment	$
Child Support	$
Alimony/Maintenance	$
Rental Income	$
Property Income	$
Pension	$
Dividends/Interest	$
Other Income (Specify):	
	$
	$
	$

CERTIFICATION

I certify that the above information is true and accurate to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I authorize the release of any information needed to verify the information provided and for billing and collections in compliance with applicable federal and state laws. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my hospital charges, 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 determine my eligibility for Financial Assistance based on the established criteria on file in the hospital.

In addition, I agree to provide additional information as requested in order to determine eligibility. I agree to inform NYU Hospitals of any change in my needs, insurance eligibility, income, property, living arrangements or address as they occur.

Signature of Applicant:_____ Date_____

Signature of Interviewer:_____ Date _____

New York State offers various low cost health insurance plans that are available for children, individuals, families and small businesses. Contact Information:

Child Health Plus
1-800-698-4543

family health plus
1-877-934-7587

For Small Businesses & Working Individuals
HEALTHY NY
www.HealthyNY.com
1-866-432-5849

YOU DO NOT HAVE TO MAKE ANY PAYMENT TO THE HOSPITAL UNTIL THE HOSPITAL SENDS YOU A LETTER WITH ITS DECISION ON YOUR APPLICATION

NYU Langone
MEDICAL CENTER

I. POLICY

NYU Hospitals Center (the "Hospital") strives to provide medically necessary care to patients of the Hospital's inpatient and outpatient facilities regardless of their ability to pay. The Hospital operates a financial assistance program (the "Assistance Program") available to individuals who demonstrate an inability to pay for the cost of the medically necessary services.

II. FINANCIAL ASSISTANCE

A. Eligibility

New York State residents and non-residents who receive medically necessary services at the Hospital for which they are unable to pay are eligible for financial assistance if they meet certain financial criteria (as described below) or have been approved for financial assistance by Hospital leadership.

Patients who believe they qualify for financial assistance have ninety (90) days from the date of service or discharge to apply for assistance. Applications are available on the NYU Langone Medical Center website (see http://nyulangone.org/insurance-billing, go to "Patient Financial Counselors and Financial Assistance for Hospital Bills" and click on "financial assistance application)" or by visiting a Financial Counselor at the Hospital's main campus (560 First Avenue, Rm SK, tel: 866-486-9847) or Brooklyn campus (150 55th Street, Suite 2-40, tel: 718-630-6525) between the hours of 8 am to 5 pm.

B. What Services Are Covered By This Policy?

This Policy covers only medically necessary services provided at the Hospital's facilities, and includes inpatient care, emergency treatment and ancillary care (e.g., laboratory services). This Policy (and the Assistance Program) is not available for patients receiving non-medically necessary services. Non-medically necessary services include (but are not limited to) cosmetic procedures; elective procedures for patients enrolled in commercial insurance plans which do not contract with the Hospital; ambulance charges; discretionary charges (e.g., telephones, televisions, private room differential charges); professional fees for services provided by physicians in their private offices; radiology services; and anesthesiology services.

C. Criteria for Determining Eligibility for Financial Assistance

1. Criteria for Eligibility. Determination of eligibility for financial assistance is based on the following criteria:

- Patient's residence
- For non-New York residents, nature of the medical service (e.g., treatment in the Emergency Department, inpatient admission, elective procedure)
- Annual, pre-tax income (see section below); and
- Family size.

2. Income Test. The federal poverty level guidelines set forth the income levels at which financial assistance may be available. The guidelines are calculated by comparing family size with annual, pre-tax income and are periodically updated. The following chart is the 2016 Guidelines.

Income Based Federal Poverty Levels 2016

	100% Discount (SC1)	100% Discount (SC1)	100% Discount (SC1)	100% Discount (SC1)	75% Discount (SC2)	50% Discount (SC3)	25% Discount (SC4)
Family Size	*(Weekly) 150% FPL*	*300% FPL*	*400% FPL*	*600% FPL*	*650% FPL*	*700% FPL*	*800% FPL*
1	$343	$685	$914	$1,371	$1,485	$1,599	$1,828
2	$462	$924	$1,232	$1,848	$2,003	$2,157	$2,465
3	$582	$1,163	$1,551	$2,326	$2,520	$2,714	$3,102
4	$701	$1,402	$1,869	$2,804	$3,038	$3,271	$3,738
5	$820	$1,641	$2,188	$3,282	$3,555	$3,828	$4,375
6	$940	$1,880	$2,506	$3,759	$4,073	$4,386	$5,012
7	$1,060	$2,119	$2,825	$4,238	$4,591	$4,944	$5,651
8	$1,180	$2,359	$3,145	$4,718	$5,111	$5,504	$6,291
Additional Person add:	$117	$234	$312	$468	$508	$547	$625

- Family Size is calculated, for adult patients, by adding the patient and, if applicable, the legal guardian with whom the patient resides. A pregnant woman is counted as two family members.

- Annual pre-tax income is determined by adding the income of the patient and the patient's spouse (provided the spouse resides with the patient), and includes amounts actually received. (In other words, if a patient's ex-spouse fails to pay child support or an insurance or pension payment is in dispute and has not been paid, such amount is not included in calculating income.) For minor patients, the family's annual pre-tax income includes the income of the parent(s) and/or legal guardian(s) with whom the minor resides. The sources of income include the following:

  1. Salary/wages before deductions;
  2. Public assistance;
  3. Social Security benefits;
  4. Unemployment and workmen's compensation;
  5. Veteran's benefits;
  6. Alimony and/or child support;
  7. Pension payments;
  8. Insurance or annuity payments.
  9. Dividends and other investment income;
  10. Rental income;
  11. Net business income; and
  12. Other (strike benefits, training stipends, military family allotments, income from estates and trusts).

3. FICO. The Hospital may utilize credit scoring software for purposes of establishing income and financial assistance eligibility. The scoring will not negatively impact the patient's FICO.

4. Amounts Generally Billed ("AGB") and Maximum Payment Amount ("MPA"). Hospital charges will not exceed the AGB or the MPA (as defined by the Internal Revenue Service and the New York State Financial Aid Law ("FAL"). (In instances where the FAL limits are more stringent than the IRS limits, the FAL limits will prevail. The Hospital's AGB and MPA amounts have been set at 25% of charges, which

is less than the prior twelve months' charge to payment ratio for Medicare fee-for-service claims. The Hospital provides 100% discounts for eligible patients up to 600% FPL.

D. Review of Financial Assistance Applications; Determinations

The Financial Counselors are responsible for reviewing with the patient/ patient's representative the available options and, where appropriate, assisting the patient in completing the financial assistance form and applications for Medicaid or other government-sponsored programs. The counselors will review the completed applications and notify patients of the determination within thirty days of submission of a completed application. If financial assistance is approved, the patient will be advised of the reduced charge and his/her responsibility. If an installment plan arrangement is approved, the patient will not be charged interest the monthly amount due will not exceed ten percent (10%) of the patient's gross monthly income. (Installment plans which provide for a payment arrangement of more than one year must be approved by the Senior Director of Revenue Cycle Operations.) Approval of eligibility for financial assistance is valid for twelve months from the first service date for which the patient submitted a financial assistance application.

E. <u>Appeals</u>

The Hospital has established a Charity Care Committee which is available to hear reviews of denial of a request for financial assistance. Requests for appeals must be made in writing (or in person, by appointment), addressed to the Charity Care Committee, c/o Senior Vice President & Vice Dean, Finance NYU Hospitals Center, 550 First Avenue, HCC-15, New York, New York 10016, within thirty (30) days of notification of the denial.

F. <u>Fair Billing and Collection Practices</u>

The Hospital reserves the right to turn over to collections the accounts of patients who have an unpaid balance and who do not apply for financial assistance. The Hospital will not refer to collections any accounts where a financial assistance application is pending; the patient is determined to be Medicaid-eligible at the time Hospital services were rendered; or pursuing legal action would interfere with the patient's ability to pay his/her monthly living expenses.

Collection agents engaged by the Hospital are required to comply with this Policy. Furthermore, if a legal action instituted by the collection agency (acting only on the Hospital's

prior consent) is decided in favor of the Hospital, the Hospital will not seek to foreclose the patient's primary residence (although it may file a lien) or to freeze a patient's bank account or garnish his/her wages absent extraordinary circumstances.

IV. ACCESS TO INFORMATION

A. Distribution of Information

The Hospital will disseminate information regarding financial assistance in a variety of ways. The Hospital will post signs in the registration and intake areas; include information regarding this Policy in the Admission Package; and note on Hospital bills and statements the availability of financial assistance and how to obtain further information. Furthermore, applications for financial assistance will be available in a number of languages (English, Chinese (Cantonese and Mandarin), Spanish, Russian, Polish, Arabic, Bengali, Italian and Korean) and translation services will be made available.

B. Staff Training

All staff involved in registration, admission, insurance verification, financial counseling, billing, collections and customer services will be trained on the appropriate procedure for applying for the Assistance Program.

V. REPORTS

In accordance with New York State law, the Hospital will report to the New York State Department of Health the following information:

- Costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage;
- the number of patients, organized by zip code, who applied for financial assistance, and the number, by zip code, who were approved and denied;
- The amount of distributions from the Hospital Indigent Care pool;
- The amount spent from charitable funds or bequests established for the purpose of providing financial assistance to eligible patients as defined by such bequests;

- The number of Medicaid applications the Hospital helped patients complete and the number approved and denied;
- The Hospital's gain or loss from providing services under the Medicaid program; and
- If applicable, the number of liens placed on the primary residences of patients through the collection process.

VI. POLICY CHANGES

The Hospital reserves the right to change or modify this Policy at any time and from time to time, provided that all changes or modifications will comply with all applicable laws and will not negatively impact pending applications.