

## Financial Assistance Programs Policies and Procedures

<b>Service Area:</b> Corporate Business Services	<b>YALE NEW HAVEN HEALTH SYSTEM POLICIES &amp; PROCEDURES</b>	
<b>Title:</b> Financial Assistance Programs Policy		
<b>Date Approved:</b> 09/20/2013	<b>Approved by:</b> Boards of Trustees Senior Vice President, Finance	
<b>Date Effective:</b> 09/20/2013	<b>Date Reviewed/Revised:</b> 01/21/2015, 09/30/2016	
<b>Distribution:</b> MCN Policy Manager	<b>Policy Type (I or II):</b> Type I	
<b>Supersedes:</b> Yale New Haven Hospital Financial Assistance Programs for Hospital Services (NC:F-4) Bridgeport Hospital Financial Assistance Programs for Hospital Services (9-13) Greenwich Hospital Overview of Financial Assistance Programs for Hospital Services		

### Purpose

Yale New Haven Health System ("YNHHS") recognizes that patients may not be able to pay for medically necessary health care without financial assistance. Consistent with its mission, YNHHS is committed to assuring that the ability to pay will be considered carefully when setting amounts due for emergency and other medically necessary hospital services.

In recognition of its role to help those in need of financial assistance, YNHHS has established the Financial Assistance Programs ("FAP") to assist with emergency and other medically necessary care. The objectives of the FAP are to:

- Specify all financial assistance available under the FAP;
- Provide clear information regarding eligibility criteria, application requirements and the method for applying for financial assistance under the FAP;
- The basis for calculating amounts charged to FAP-eligible patients for emergency or other medically necessary care; and
- The YNHHS measures to widely publicize this FAP within the communities served by YNHHS.

### Applicability

This policy applies to each licensed hospital affiliated with YNHHS, including Bridgeport Hospital, Greenwich Hospital, and Yale-New Haven Hospital (each a "Hospital").

## Policy

### I. Scope and Provider List

- A. **Emergency and Other Medically Necessary Care.** The FAP apply to emergency and other medically necessary care, including inpatient and outpatient services, billed by a Hospital. The FAP exclude: (a) private room or private duty nurses; (b) services that are not medically necessary, such as elective cosmetic surgery; (c) other elective convenience fees, such as television or telephone charges, and (d) other discounts or reductions in charges not expressly described in this Policy.
- B. **Provider List.** A list of providers who provide emergency and other medically necessary care at a Hospital can be found here: <https://www.ynhhs.org/patient-care/billing-insurance/financial-assistance.aspx>. The list indicates if the provider is covered under the FAP. If the provider is not covered under this policy, patients should contact the provider's office to determine if the provider offers financial assistance and if so what the provider's financial assistance policy covers.

### II. Financial Assistance Programs and Eligibility

Financial assistance is available to individuals who are residents of the United States of America, or citizens of the United States residing abroad, who complete a financial assistance application and meet the additional eligibility requirements described below.

- A. **Free Care.** The Free Care program provides care at no cost to Hospital patients with gross annual family income less than or equal to 250% of the Federal Poverty Guidelines (see Attachment 1), and who have applied for, and been approved or receive a valid denial within the last six months, for State medical assistance.

In addition, YNHHS employs a third party screening tool to assist in identifying individuals with self-pay balances who have not applied for financial assistance, but who have incomes less than or equal to 250% of the Federal Poverty Level (*i.e.*, eligible for free care). If a patient is identified through this process outstanding hospital balances may be adjusted to charity (free) care.

- B. **Discounted Care.** If a patient's gross annual family income is over 250% of the Federal Poverty Level, and the patient is uninsured, the Hospital will discount care to the Hospital's AGB (as defined in Section III below and on Attachment 1 hereto).

- C. **Restricted Bed Funds.** You may be eligible to receive restricted bed funds, which are funds that have been donated to the Hospital to provide free or discounted care to individuals who meet the individual fund criteria. There are no specific income limits for receipt of restricted bed funds. Eligibility is determined on a case-by-case basis by the fund nominators based on financial hardship. All patients who fill out the YNHHS financial assistance application will automatically be considered for restricted bed funds.

- D. **Other Hospital-Specific Financial Assistance programs:**

- **Yale New Haven Hospital Me & My Baby Program.** This program is available to Yale New Haven Hospital patients. It provides prenatal, labor and delivery services, and some post-partum care free of charge. You may be eligible if you live in New Haven County, do not have any type of health insurance and your family earns less than 2 ½ times the Federal Poverty Level. For more information or to request an application, see our representatives at the Yale New Haven Hospital Women's Center or call 203-688-5470.

– **Greenwich Hospital Outpatient Clinic** provides free or discounted care to individuals who apply for and are approved for clinic membership. You may be eligible for clinic membership if you do not have insurance, are not eligible for State Assistance (Medicaid), are a Greenwich resident and have family income less than 4 times the Federal Poverty Level. For more information or to obtain an application please call 203-863-3334.

### **III. Limitation on Charges - Amounts Billed to FAP-Eligible Patients**

Where there is an award of financial assistance that does not cover 100% of YNHHS charges for the service, the amounts charged to patients eligible for financial assistance under this Policy will not be more than the amount a Hospital generally bills patients who have insurance coverage for such care ("AGB"). YNHHS calculates AGB annually by Hospital using the "look back method" and based on Medicare fee-for-service rates, including Medicare beneficiary cost-sharing amounts and all private health insurers that pay claims to each Hospital facility for the prior Fiscal Year. YNHHS may apply the percentage discount by Hospital, or may elect to use the percentage discount most favorable to YNHHS patients. AGB is set forth on Attachment I hereto.

As used herein, the "amount generally billed" and "look back method" have the meanings set forth in Internal Revenue Code §501(r)(5) and 1.501(r)-5.

### **IV. Method of Applying for Assistance**

To be eligible for financial assistance, the patient must complete an application for financial assistance ("Application"). The Application sets forth (i) FAP available programs and eligibility requirements, (ii) the documentation requirements for determinations of eligibility, and (iii) the contact information for FAP assistance. The Application also specifies (i) that the Hospital will respond to each Application in writing, (ii) that patients may re-apply for FAP at any time, and (iii) that additional free bed funds become available every year.

Hospitals may not deny financial assistance under the FAP based on failure to provide information or documents that the FAP or the Application do not require as part of the Application.

YNHHS Hospitals make reasonable efforts to determine eligibility and document any determinations of financial assistance eligibility in the applicable patient accounts. Reasonable efforts include suspending any extraordinary collection action to obtain payment for the care, making a determination as to whether the individual is FAP-eligible for the care and notifying him/her in writing of the eligibility determination, including, if applicable, the assistance for which the individual is eligible, and the basis for this determination.

Once Hospital identifies a patient is FAP-eligible, Hospital shall:

- (i) Provide a billing statement indicating amount the individual owes as a FAP-eligible patient, including how the amount was determined and states, or describes how the individual can get information regarding the AGB for the care;
- (ii) Refund to the individual any amount he or she has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5, or such other amount set by the IRS; and
- (iii) Take reasonable measures to reverse any extraordinary collection actions.

## **V. Non-Payment – Legal Action**

A Hospital (and any collection agency or other party to which it has referred debt) shall not engage in any extraordinary collection action ("ECA") before making reasonable efforts to determine if a patient or any other individual having financial responsibility for a self-pay account (Responsible Individual(s)) eligible for financial assistance under this FAP. Any ECA must be approved by the Vice President of Corporate Business Services or his designee(s), prior to the initiation of any ECA.

The Hospital will follow its A/R billing cycle in accordance with internal operational processes and practices. As part of such processes and practices, the Hospital will, at a minimum, notify patients about its FAP from the date care is provided and throughout the A/R billing cycle (or during such period as is required by law, whichever is longer) by:

1. All patients will be offered a plain language summary and an application form for financial assistance under the FAP as part of the discharge or intake process from a Hospital.
2. At least three separate statements for collection of self-pay accounts shall be mailed or emailed to the last known address of the patient and any other Responsible Individual(s); provided, however, that no additional statements need be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP or has paid in-full. At least 60 days shall have elapsed between the first and last of the required three mailings. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made. All single patient account statements of self-pay accounts will include but not limited to:
  - a. An accurate summary of the hospital services covered by the statement;
  - b. The charges for such services;
  - c. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
  - d. A conspicuous written notice that notifies and informs the Responsible Individual(s) about the availability of financial assistance under the FAP including the telephone number of the department and direct website address where copies of documents may be obtained.
3. At least one of the statements mailed or emailed will include written notice that informs the Responsible Individual(s) about the ECAs that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the billing deadline. Such statement must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. A plain language summary will accompany this statement. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made.
4. Prior to initiation of any ECA, an oral attempt will be made to contact Responsible Individual(s) by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements if the account remains unpaid. During all conversations, the patient or Responsible Individual(s) will be informed about the financial

assistance that may be available under the FAP.

5. Subject to compliance with the provisions of this policy, a YNHHS Hospital may take Extraordinary Collection Actions as set forth in Attachment I of this Policy, to obtain payment for medical services provided.

## **VI. Policy Availability**

Contact Corporate Business Services toll free at 855- 547-4584 for information regarding eligibility or the programs that may be available to you, to request a copy of the FAP, FAP application form, or Billing and Collection Policy to be mailed to you, or if you need a copy of the FAP, plain language summary, or FAP application form translated to a language other than English. Further, patients may ask Patient Registration, Patient Financial Services and Social Work/Case Management about initiating the FAP application process.

Copies of the FAP, a plain language summary of the FAP and FAP application is available at <https://www.ynhhs.org/billing-insurance.aspx>.

Each Hospital makes available copies of the FAP, a plain language summary of the FAP and FAP application on request, free of charge, by mail or in the Hospital Emergency Department and at all points of registration in paper form in English and the primary language of any population with limited English proficiency that constitutes 5% or more of the population the Hospital serves. See Attachment 3 for a list of languages.

Further efforts to widely publicize the FAP include publishing notices in newspapers of general circulation; providing written notice of FAP in all billing statements; providing notice of FAP in all oral communications with patients regarding the amount due; and holding open houses and other informational sessions.

## **VII. Management Oversight Committee**

The FAP will be overseen by a management oversight committee chaired by a Senior Vice President, YNHHS and comprised of representatives from Corporate Business Services, patient financial services, patient relations, finance, and the medical staff, as necessary. This committee will meet on a monthly basis.

## **References**

- Internal Revenue Code 501(c)(3)
- Internal Revenue Code 501(r)
- Conn. Gen. Stat. § 19a-673 et seq.

## **Related Policies**

- YNHHS Billing and Collections Policy (xx)
- Yale-New Haven Hospital Policy – Distribution of Free Care Funds NC:F-2
- Bridgeport Hospital Policy for Free Care Funds (9-14)

## Attachment I

### **250% of the Federal Poverty Guidelines (FPG):**

<b>Family size:</b>	<b>Maximum Income:</b>
1	\$29,700
2	\$40,050
3	\$50,400
4	\$60,750
5	\$71,100
6	\$81,450

*\*Add \$10,400 for each additional family member*

### **Amounts Generally Billed (AGB):**

Patients eligible for financial assistance under this Policy will receive assistance according to the following:

<b>Annual Family Income</b>	<b>Amount of Discount % of Charges</b>	<b>Patient Pays % of Charges</b>
< or = 250% FPG	100%	0
> 250% FPG	69%	31%*

*\*For calendar year 2016, AGB (% of charges: BH 68%, GH 68%, YNHH 67%. Financial assistance under the discounted care program across all Hospitals is 69%..*

**Attachment II**

**Extraordinary Collection Actions:**

**Property Liens.**

Liens on personal residences are permitted only if:

- (i) The patient has had an opportunity to apply for free bed funds and has either failed to respond, refused, or been found ineligible for such funds;
- (ii) The patient has not applied or qualified for other financial assistance under the Hospital's Financial Assistance Policy, to assist in the payment of his/her debt, or has qualified, in part, but has not paid his/her responsible part;
- (iii) The patient has not attempted to make or agreed to a payment arrangement, or is not complying with payment arrangements that have been agreed to by the Hospital and patient;
- (iv) The aggregate of account balances is over \$10,000 and the property(ies) to be made subject to the lien are at least \$300,000 in assessed value; and
- (v) The lien will not result in a foreclosure on a personal residence.

## Limited English Proficiency Languages

Albanian
Arabic
Simplified Chinese
French
French Creole (Haitian Creole)
German
Greek
Hindi
Italian
Japanese
Korean
Pashto
Persian Dari
Persian Farsi
Polish
Portuguese
Portuguese Creole (Cape Verdean)
Russian
Spanish
Swahili
Tagalog
Tigrinya
Turkish
Vietnamese

<b>Classification:</b>	<b>YALE NEW HAVEN HEALTH SYSTEM POLICIES &amp; PROCEDURES</b>	
<b>Title:</b> Billing and Collection		
<b>Date Approved:</b> 09/20/2013	<b>Approved by:</b> Board of Directors	
<b>Date Effective:</b> 09/20/2013		<b>Date Reviewed/Revised:</b> N/A
<b>Distribution:</b> MCN Policy Manager	<b>Policy Type (I or II):</b> Type I	
<b>Supersedes:</b> YNHH Administrative Policy for Credit and Collections BH Credit and Collection Policy (9-4) GH Billing and Collection Bad Debt Policy (A-J:2)		

## **PURPOSE**

To ensure that outstanding balances on patient accounts are pursued fairly and consistently by the Hospital and its agents in a manner consistent with its charitable mission

## **DEFINITIONS**

“*Collection agent*” means any person, either employed by or under contract to, the Hospital, who is engaged in the business of collecting payment from consumers for medical services provided by the Hospital, and includes, but is not limited to, attorneys performing debt collection activities.

“*FAP*” means the Hospital’s Financial Assistance Policy.

“*FAP-eligible individual*” means an individual eligible for financial assistance under the hospital’s FAP, without regard to whether the individual has applied for assistance under the FAP.

“*Hospital bed fund*” or “*free bed fund*” means a special donation received by the Hospital to subsidize, in whole or in part, the cost of medical care, including inpatient or outpatient care, incurred by patients at the hospital, whose financial circumstances render them unable to pay their hospital bills.

“*Patient*” means those persons who receive care at the Hospital and the person who is financially responsible for the care of the patient.

“*Uninsured patient*” means any person who is liable for one or more hospital charges whose income is at or below two hundred fifty percent (250%) of the poverty income guidelines who: (1) has applied and been denied eligibility for any medical or health care coverage provided

under the state-administered general assistance program or the Medicaid program due to failure to satisfy income or other eligibility requirements, and (2) is not eligible for coverage for hospital services under the Medicare or CHAMPUS programs, or under any Medicaid or health insurance program of any other nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to, workers' compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

## **APPLICABILITY**

This policy applies to each licensed hospital affiliated with Yale New Haven Health System (YNHHS), including Bridgeport Hospital, Greenwich Hospital, Yale-New Haven Hospital and any other hospital that may affiliate with YNHHS from time to time, Northeast Medical Group and its subsidiaries, Yale-New Haven Care Continuum (d/b/a Grimes), and any other providers of health care services owned by or under common control with YNHHS.

## **POLICY**

It is the Hospital's policy to treat all patients equitably with respect and compassion, from the bedside to the billing office. The Hospital will pursue patient accounts, directly and through its collection agents, fairly and consistently taking into consideration demonstrated financial need. As part of its collection process, the Hospital will make reasonable efforts to determine if an individual is eligible for financial assistance under its FAP. In the event of nonpayment, where based on information in its possession a person is not FAP-eligible individual, the Hospital (and any collection agency or other party to which it has referred debt) may engage in extraordinary collection actions as defined on Attachment I.

## **PROCEDURES**

### **A. General & Limitation on Billing**

1. In accordance with Connecticut law, before a bill is sent to a patient the Hospital will:
  - a. determine (based on information in its possession) (i) if the patient is an uninsured patient as defined herein; and (ii) eligibility for free bed funds; and
  - b. notify the patient in writing of this insurance determination and the reasons for the determination.
  - c. If a patient is determined to be an uninsured patient as defined herein, the patient will be eligible for free care under the Hospital's FAP.
2. Following a determination of eligibility for financial assistance under the Hospital's FAP, the Hospital will charge all FAP-eligible individuals: (a) for emergency or other medically necessary care, the costs of such care (which the Hospital ensures is no more

than amounts generally billed (AGB) to persons who have insurance covering emergency or other medically necessary care), and (b) no more than gross charges for all other care.

3. Each bill and all collection notice from the Hospital, or any collection agent acting on behalf of the Hospital, must include the YNHHS Summary of Financial Assistance Programs. In addition, at Greenwich Hospital the Availability of Hospital Funds notice must be disseminated in accordance with the Greenwich Hospital Bed Fund Agreement.
4. Throughout the billing and collections cycle, the Hospital will provide financial counseling to patients about their Hospital bills and respond promptly to patient's questions about their bills and to requests for financial assistance.

**B. Reasonable efforts – Accounts Receivable (“A/R”) Collections**

The Hospital will follow its A/R billing cycle in accordance with internal operational processes and practices. As part of such processes and practices, the Hospital will, at a minimum, notify patients about its FAP from the date care is provided and throughout the A/R billing cycle (or during such period as is required by law, whichever is longer) by posting signs throughout the Hospital, distributing a plain language summary of its FAP in all billing statements, and discussing the FAP with eligible patients.

**C. Outside Collections**

1. The Hospital will seek to maintain written contractual relationships with one or more collection agents and attorneys for collection of past due accounts that will require compliance with the standards and scope of collection practices set out in this Policy.
2. At the end of the Hospital's internal (pre-collection) billing cycle, outstanding balances may be referred to an approved outside collection agent under the following guidelines:
  - (i) Hospital has billed all third-party payers that may, based on hospital's records, be responsible for paying the claim;
  - (ii) Hospital has provided patient information on how to arrange for a payment plan if the patient cannot afford to pay the entire bill at once and patient has not qualified for, arranged for, or complied with a payment plan;
  - (iii) Hospital has notified patient that it has free bed funds and other free or discounted care for which the patient may be eligible;
  - (iv) (a) No financial assistance application has been completed that establishes the patient's eligibility for hospital bed funds or other financial assistance nor is an application in process, or (b) patient has applied and qualified for partial financial assistance, but has not paid his/her responsible part then the ineligible portion of the account may be referred for collection;
  - (v) A representative of the Hospital's Finance Department or a Turnover Expeditor

concludes, based on the results of an internal review and in accordance with the Hospital's eligibility criteria for its financial assistance programs, that the patient has the financial ability to pay for all or a portion of his or her bill; and

- (vi) The referral is reviewed and approved by the Credit & Collections staff under the direction of the Manager, Credit & Collections and using criteria & procedures permitted by the Director of Patient Accounts, the VP, Corporate Business Services and/or the Sr. VP, Finance.
- 3. If at any point in the debt collection process, the Hospital, including any employee or agent of the Hospital, or a collection agent acting on behalf of the Hospital, receives information that a patient is eligible for hospital bed funds, free or reduced price hospital services, or any other program which would result in the elimination of liability for the debt or reduction in the amount of such liability, the Hospital or collection agent will promptly discontinue collection efforts and, if a collection agent, refer the account back to the Hospital for determination of eligibility. The collection effort will not resume until such determination is made.
- 4. The Hospital will annually file a debt collection report with the Office of Health Care Access as required by Connecticut law.

## **RESPONSIBILITY**

Sr. VP, Finance, VP, Corporate Business Services, Director of Patient Accounts, and Manager, Credit & Collections

## **REFERENCES**

Conn. Gen. Statutes §19a-673 and §19a-673(a) – (d)  
Internal Revenue Code §501(r)(6)  
Fair Debt Collection Practices Act  
Connecticut Not-For-Profit Acute Care Hospital Voluntary Guidelines for Debt Collection  
AHA – Statement of Principles and Guidelines - Hospital Billing & Collection Practices

## **RELATED POLICIES**

YNHHS Financial Assistance Programs

## **Attachment I**

### **STANDARDS & SCOPE OF COLLECTION PRACTICES**

1. Prior approval of extraordinary collection action and reasonable efforts to determine if FAP-eligible individual.

The Hospital (and any collection agency or other party to which it has referred debt) shall not engage in any extraordinary collection action (“ECA”) before making reasonable efforts to determine if a patient is an FAP-eligible individual, and further must obtain written approval from the Manager of Credit/Collections, prior to the initiation of any ECA, including as set forth below.

2. ECA Defined:

(a) Commencement of a legal action concerning a referred account

(b) Property Liens & Foreclosures.

Liens on personal residences are permitted only if:

- (i) The patient has had an opportunity to apply for free bed funds and has either failed to respond, refused, or been found ineligible for such funds;
- (ii) The patient has not applied or qualified for other financial assistance under the Hospital’s Financial Assistance Policy, including sliding scale discounts to assist in the payment of his/her debt, or has qualified, in part, but has not paid his/her responsible part;
- (iii) The patient has not attempted to make or agreed to a payment arrangement, or is not complying with payment arrangements that have been agreed to by the Hospital and patient;
- (iv) The aggregate of account balances is over \$1000 and the property(ies) to be made subject to the lien are at least \$125,000 in assessed value; and
- (v) The lien will not result in a foreclosure on a personal residence. Except in unusual circumstances (e.g. where there is evidence of an ability to pay, multiple homes or properties, or the existence of significant assets), the Hospital will not pursue foreclosures for property liens.

(c) Wage Garnishments.

Garnishments of wages are permitted only if:

- (i) The patient is not an uninsured patient;
- (ii) The criteria in (i) – (iii) above under Property Liens are met;
- (iii) A court determines that the patient’s wages are sufficient for garnishment and enters a judgment against the patient; and
- (iv) The Hospital has notified the patient in writing of the foregoing.

- (v) Wage garnishments, if approved, will only apply to account balances over \$500. Additionally, any State Marshall fee for administering the wage garnishment will be absorbed by the Hospital as a cost of collection. No interest will accrue on wage garnishments.

(d) Bank Executions.

All bank executions, in addition to pre-approval, require special review by the Hospital for verification that the execution will not cause undue financial hardship on the patient. If this cannot be determined, no bank execution will be ordered.

(e) Writs of Capias.

The Hospital will not pursue and will not initiate a writ of capias (*i.e.*, a petition to have a debtor arrested as a result of a debt collection activity). The Hospital may ask for examinations of patients but the Hospital itself will specifically indicate that the Hospital does not request any writ of capias.

(f) Interest and Court Costs.

Interest will be allowed to accrue on accounts after legal court judgment is received. Interest will accrue at the current statutory rate. The Hospital will not allow interest to accrue greater than 50% of the account balance. If the principal is paid in full, the Hospital will waive payment of interest. Court costs will be assumed by the Hospital as a cost of collections and not charged to the patient.

(g) Credit Reports.

No accounts or account activity will be directly reported to Credit Bureaus or rating agencies. Credit Bureaus may obtain information from court records.

## GREENWICH HOSPITAL

### 2016 OUTPATIENT CENTER FEE SCALE

Family Size	Federal Poverty Level	Clinic Eligibility 200% of FPL	Clinic Eligibility 201-250% of FPL	Clinic Eligibility 251-400% of FPL
	(Annual)	Level A	Level B	Level C
1	\$11,880	23,760	23,761-29,700	29,701-47,520
2	\$16,020	32,040	32,041-40,050	40,051-64,080
3	\$20,160	40,320	40,321-50,400	50,401-80,640
4	\$24,300	48,600	48,601-60,750	60,751-97,200
5	\$28,440	56,880	56,881-71,100	71,101-113,760
6	\$32,580	65,160	65,161-81,450	81,451-130,320
7	\$36,730	73,460	73,461-91,825	91,826-146,920
8	\$40,890	81,780	81,781-102,225	102,226-163,560

**For families/households with more than 8 persons, add \$4,160 for each additional person.**

\*\*Effective April 1, 2007, we stopped collecting any co-pays from those patients whose financial status is categorized up to 200% of the Federal Poverty Level (Level A).

No fees will be collected for most services at Greenwich Hospital (Level A).

In order for patients to get the benefit of this free care  
**all services must be ordered or arranged through the Outpatient Center.**

Medicare patients who meet Federal guidelines may be eligible for a reduction in co-payment and deductible amounts. These patients must schedule a financial evaluation to determine eligibility.

**Patients who have insurances provided through the CT health exchange must schedule a financial evaluation and meet clinic eligibility requirements however, they will not be eligible for a reduction in co-payment or deductible amounts.**

Outpatient Center Membership must be renewed on an Annual Basis.  
 Please call 863-3409 to schedule an appointment.

Contacts:      Outpatient Center – Clinic Registration & Renewal Fee Questions -      863-3334  
 Credit Specialist – Payment Arrangements, Hospital Fund Applications -    863-3013

**Please see reverse side for Fees**

FEES			
	Level A	Level B	Level C
Outpatient Center Fee	\$0	\$25.00 per visit	\$25.00 per visit
Behavioral Health Fee	\$0	\$15.00 per visit	\$15.00 per visit
Off-site MDs Fee ( includes ENT, Ophthalmology, Cardiology, etc.)	\$0	\$25.00 per visit	\$25.00 per visit
Emergency Room	\$0	\$35 per visit	\$35 per visit
OB Observation	\$0	\$25	\$25
Radiology	\$0	\$20 per exam	\$20 per exam
Nutrition Consult	\$0	\$20 per visit	\$20 per visit
Nutrition Psychology consult	\$0	\$15 per visit	\$15 per visit
Geriatric Assessment	\$0	\$20 per visit	\$20 per visit
Stress Test	\$0	\$20	\$20
Sleep Study	\$0	\$20	\$20
PT/OT/ST	\$0	\$10 per visit	\$10 per visit
Gero-Psychiatry	\$0	\$10 per visit	\$10 per visit
ARC- Outpatient	\$0	\$10 per visit	\$10 per visit
ARC-Detox	\$0	\$750 per inpatient stay	\$750 per inpatient stay
Radiation Therapy	\$0	\$10 per visit	\$10 per visit
Chemotherapy	\$0	\$10 per visit	\$10 per visit
Lab	\$0	No Fee	No Fee
Acupuncture	\$0	Self-Pay	Self-Pay
IDAP	\$0	\$10 per visit	\$10 per visit
Hyperbaric	\$0	\$25 per exam \$35 per treatment	\$25 per exam \$35 per treatment
Influenza Vaccine	\$15	\$15	\$15
Pneumococcal Vaccine	\$25	\$25	\$25
Mirena IUD	\$750 *	\$750 *	\$750 *
Paragard IUD	\$550 *	\$550 *	\$550 *
Healthy Living Center (Medically Supervised Fitness)	\$25 per month	\$25 per month	\$25 per month

For questions on any additional fees please contact the Outpatient Center Manager at 863-3988

\* Prices subject to change. Finance will be notified when and if a change occurs.

Inpatient Services & Ambulatory Procedures			
Clinic patients are eligible for a reduction on their inpatient and ambulatory services as long as they are medically necessary and are referred by a physician through the Outpatient Center. Elective procedures or services referred by private physicians cannot be reduced. The current discounted rates are:			
	Level A	Level B	Level C
Ambulatory Services	\$0	\$250.00 per procedure	\$250.00 per procedure
Inpatient Services	\$0	\$750.00 per admission per patient	\$750.00 per admission per patient
Inpatient Services - Maternity	\$0	\$750.00 per admission (regular delivery) \$850.00 per admission (C-section)	\$750.00 per admission (regular delivery) \$850.00 per admission (C-section)