THE WILLIAM W. BACKUS HOSPITAL
Patient Business Services Policy

Subject:	Bad Debt Write Offs
Date:	01/19/04
Revision Date:	April 1 2005 May 17 2010 October 1, 2011 December 1, 2012

Policy: It is the policy of William W. Backus Hospital that uncollected self-pay accounts more than 120 days old will be written off and sent to a collection agency.

Procedure:

I Self Pay Accounts Collection Process (Accounts that do not qualify for MBE/VIA outsource)
- A Initial letter is sent 5 days after discharge.
- B Statement #1 is sent 30 days later.
- C Statement # 2 is sent 30 days later.
- D Precollect Letter is sent 15 days later (by Medconn).
- E Account will be written off to bad debt 45 days later.

II Self Pay balances after insurance (Accounts that do not qualify for MBE/VIA outsource)
- A Statement # 1 is sent 15 day after account goes to self pay.
- B Statement # 2 is sent 30 days later.
- C Statement # 3 is sent 21 days later.
- D Precollect Letter is sent 21 days later.
- E Account will be written off to bad debt 45 days later.

III All final billed accounts with self-pay balances only will be outsourced to Medical Bureau of Economics (MBE) or VIA Health. (*refer to Self Pay Collections policy*)
- A Statement # 1 is sent at placement with MBE/VIA. (5 days after discharge)
- B Statement # 2 is sent 30 days later.
- C Statement # 3 is sent 30 days later.
- D Final Statement sent 15 days later.
- E Account closed and returned to WWBH for bad debt process 45 days later.

IV Weekly Bad Debt Transfer Process
- A On Monday the bad debts file are created.
  - zBD PRE COLL (WWBH)
  - zBD XSP (WWBH)
  - zMBEBD (MBE Return)
  - zVIABD (VIA Return

B Accounts with balances of $1000 or more. If time permits the staff will attempt to process the accounts through Passport One/SSI to determine if Medicaid coverage has been established for the patient. If so, the account will be updated and Medicaid billed.

C On Friday of the same week, MIS will be contacted to send the file to the collection agency. Files will be received by the collection agency by the close of business every Friday.

V Processing the Weekly Bad Debt Write Off

A The procedures used to process the Weekly Bad Debt write off are found:
Under the Collections button,
Bad Debt
Automatic Bad Debt Transfer

B The processes to use and their functions are:

1 Compile – this is run on Monday to create the file of accounts that may be written off to bad debt

2 Print – once the file has compiled, this report is run to use to review the accounts as outlined above.

3 Process -

4 Transfer

5 IS Department scripts the transfer file to Medconn

Hartford HealthCare

FINANCIAL ASSISTANCE POLICY
Updated September 20, 2016

Purpose: The purpose of this Policy is to set forth the Hartford HealthCare (HHC) policy for the provision of free or discounted Health Care Services to patients who meet the criteria for Financial Assistance. This Policy describes: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted Health Care Services; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance; (iv) the collection actions that may be initiated in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies; and (v) the Hospital's approach to presumptive eligibility determinations and the types of information that the Hospital will use to assess presumptive eligibility.

This Policy is intended to comply with Section 501(r) of the Internal Revenue Code and the billing and collection requirements described in Chapter 368z of the Connecticut General Statutes and any regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This Policy will be adopted by the governing body of Hartford HealthCare on behalf of its affiliates.

Scope: This Policy applies to all Health Care Services provided by a Hartford HealthCare hospital facility. (Facilities listed in Appendix D)

Definitions:

"Eligibility Criteria" means the criteria set forth in this Policy to determine whether a patient qualifies for Financial Assistance for the Health Care Services provided.

"EMTALA" means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd.

"Extraordinary Collection Activity"(ECA) means a collection action requiring a legal or judicial process, involving selling debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under HHC's Financial Assistance Policy. The actions that require legal or judicial process for this purpose include 1) placing a lien; 2) foreclosing on real property; 3) attaching or seizing of bank accounts or other personal property; 4) commencing a civil action against an individual; 5) taking actions that cause an individual's arrest; 6) taking actions that cause an individual to be subject to body attachment; and 7) garnishing wages.

"Family" means, pursuant to the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption. For purposes of this Policy, if the patient claims someone as a dependent on the patient's income tax return, that person may be considered a dependent for purposes of the provision of Financial Assistance.

"Family Income" means the following income when calculating Federal ePoverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income. .

"Federal Poverty Level Guidelines" means the federal poverty level guidelines established by the United States Department of Health and Human Services in effect on the date of the provision of the Health Care Service for awards of Financial Assistance under this Policy.

"Financial Assistance" means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, HHC has determined to be unable to pay for all or a portion of such Health Care Services and to be eligible for free or discounted Health Care Services under this Policy.

"Free Bed Funds" means any gift of money, stock, bonds, financial instruments or other property made by any donor to a HHC hospital facility for the purpose of establishing a fund to provide medical care to a patient.

"Health Care Services" means (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by HHC on a case-by-case basis at the provider's discretion.

"Liquid Assets" refers to how easily an asset can be exchanged for cash on short notice, without losing value. Items such as cash, gold or marketable securities are examples. On the converse, nonliquid asset examples are real estate (land and housing) and automobiles.

"Medically Indigent" means a person who HHC has determined to be unable to pay some or all of his or her medical bills because the medical bills exceed a certain percentage of the person's Family Income or Family Assets even though they have income or assets that otherwise exceed the generally applicable eligibility criteria for free or discounted care under the policy. Refer to Appendix A.

"Patient" means person receiving or registered to receive medical treatment or in context of the policy refers to the person liable for payment.

"Uninsured" means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for Health Care Services and is not covered by Medicare, Medicaid, Tricare, or any other health insurance program of any 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.

"Underinsured" means the patient has some level of insurance or third-party assistance but still has out-of-pocket Health Care Service expenses such as high deductible plans that exceed the patient's level of financial resources.

Policy: Consistent with its mission, it is Hartford HealthCare's policy to provide Financial Assistance to all eligible individuals who are Uninsured or Underinsured, ineligible for a government payer program, and otherwise unable to pay for Health Care Services due to their limited financial resources. It is also HHC's policy to provide without discrimination care for emergency medical conditions (as defined by EMTALA) to individuals regardless of their eligibility for Financial Assistance under this Policy or for government assistance. Finally, it is the policy of HHC to prohibit any action that discourages individuals from seeking emergency medical care, such as by demanding that Emergency Department patients pay before receiving treatment for emergency medical conditions. Nothing in this Policy shall be deemed to limit the Hospital's obligations under EMTALA to treat patients with emergency medical conditions.

I. Determining Eligibility.

In determining eligibility for Financial Assistance, it is important that both HHC and the patient work collaboratively. Specifically, HHC will do its best to apply the Eligibility Criteria in a reasonable manner and the patient will do his or her best in responding to requests for information in a timely, complete, and accurate manner. If the documentation provided by the patient or his/her family is incomplete or inconsistent with the application we will request clarification to assist in making a decision about eligibility for financial assistance.

1. Eligibility for Financial Assistance. Individuals who are Uninsured or Underinsured, ineligible for any government health care benefit program and unable to pay for their Health Care Services may be eligible for Financial Assistance pursuant to this Policy. Financial Assistance also may be available for individuals who are Medically Indigent. The granting of Financial Assistance shall be based upon an individualized determination of financial need, and shall not take into account age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation or religious affiliation. The Financial Assistance Application outlines the documents required to verify family size and income.

Further, to be eligible for Financial Assistance, an individual must cooperate with HHC, provide the requested information and documentation in a timely manner, complete the required application form truthfully, and notify HHC promptly of any change in his or her

financial situation so that HHC can assess the change's impact on the individual's eligibility for financial assistance.

2. **Process for Determining Eligibility for Financial Assistance.** In connection with determining eligibility for Financial Assistance, HHC (i) will require that the patient complete an application for Financial Assistance and provide other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to verify the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; and (iv) may review the patient's prior payment history.

3. **Processing Requests.** HHC will use its best efforts to facilitate the determination process before rendering services so long as the determination process does not interfere with the provision of emergency medical services as defined under federal law. However, eligibility determinations can be made at any time during the revenue cycle. During the eligibility determination process, HHC will at all times treat the patient or their authorized representative with dignity and respect and in accordance with all state and federal laws.

4. **Financial Assistance Guidelines.** Eligibility criteria for Financial Assistance may include family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. Family size is determined based upon the number of dependents living in the household. Information collected will be used to corroborate information generated by predictive analytical software used in making a determination of financial assistance. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

(a) ***Uninsured Patients:***

(i) Published rates will be reduced by the percentage defined by the IRS as the amount generally billed using a "look back" retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage will be updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of this policy.

(ii) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount of the amount generally billed.

(iii) If Family income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount of the amount generally billed.

(iv) A patient may also qualify for Free Bed Funds in accordance with the Hospital's Free Bed Funds criteria.

(vi) Payment plans will be extended for any patient liability identified in a manner consistent with the Hartford HealthCare's Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below and on the Hartford HealthCare and subsidiary websites.

(vii) Refunds will be issued for any payments of $5.00 or more that exceed the patient's personal liability.

(b) ***Underinsured Patients:***

(i) If Family Income is verified to be at or below 250% of the Federal Poverty Level Guidelines, the patient will qualify for a 100% discount against the patient's account balance after insurance payments from third-party payors are applied. Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.

(ii) If Family Income is verified between 250% and 400% of the Federal Poverty Level Guidelines, the patient will qualify for a 25-75% discount against the patient's account balance after insurance payments from third-party payers are applied.

(iii) A patient also may qualify for Free Bed Funds in accordance with the Hospital's Free Bed Funds criteria.

(v) Payment plans will be extended for any patient liability identified in a manner consistent with HHC's Payment Plan Policy, a copy of which is available from the Financial Assistance team as provided below.

(vi) Refunds will be issued for any payments of $5.00 or more that exceed the patient's personal liability

(c) ***Medically Indigent:***

A Patient will be required to submit a Financial Assistance Application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that Hartford Health Care can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities. This discount will be considered after other discounts have been applied and the patient is still unable pay for the Health Care Service provided. This discount will be applied as described in Appendix A.

(d) ***Presumptive Eligibility:*** Eligibility for Financial Assistance may be presumed based on the patient's life circumstances. The list below is representative of circumstances under which a patient is deemed to be eligible for a 100% discount without further need to complete a Financial Assistance Application:

1. The patient's receipt of state-funded prescription programs
2. Participation in Women, Infants and Children programs
3. Food stamp eligibility (SNAP)
4. Subsidized school lunch program eligibility
5. Subsidized housing or other public assistance eligibility
6. Patient states that he/she is homeless and additional due diligence on such status performed and documented
7. Patient is identified to have an income of 250% of the Federal Poverty Level or less, as verified by electronic industry standard software

II. Method for Applying for Financial Assistance. Copies of the Financial Assistance Application and instructions are available online at [www.HarfordHealthCare.org, or on each hospital facility's website], by requesting a copy in person at any of the HHC hospitals' patient admission or registration areas as identified in Appendix B, or by requesting a free copy by mail by contacting the HHC hospitals' Patient Access Services department. Additional contact information is provided in Appendix B of this policy. In addition, patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

To apply for Financial Assistance, a patient must complete HHC's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income described below.

Patients may submit an application up to 240 days from the date on which HHC issues its first, post-discharge billing statement. If an individual has not submitted an application within the first 120 days from the date on which HHC issues its first, post-discharge billing statement, then HHC may begin engaging in the collection actions described below.

Before HHC initiates any collection actions, it will issue a written notice to the last known address of record for the patient (or his/her family) that describes the specific collection activities it intends to initiate (or resume), provides a deadline after which such action(s) will be initiated (or resumed), and includes a plain-language summary of this Policy. HHC may initiate collection activities no sooner than 30 days from the date on which it transmits this written initiation notice, either by mail or electronic mail.

If HHC receives an incomplete application form, it will provide the patient (or his or her legal representative) with a list of the missing information or documentation and give the patient 30 days to provide the missing information. Extraordinary collection activities (ECA's) will be suspended during this 30 day period. If the patient does not provide the missing information within this period, HHC may commence collection actions including ECA's (assuming it has provided the written notice described above).

If HHC receives a completed application form, it will make and document eligibility determinations in a timely manner. If an application is deemed complete HHC will provide to the patient or his or her legal representative, a written determination of financial eligibility within fifteen (15) business days. Decisions by HHC that the patient does not qualify for Financial Assistance may be appealed by the patient, or his or her legal representative, within fourteen (14) calendar days of the date of the written determination. If the patient or his or her legal representative appeals the determination, the Director of Patient Access (or designee) will review the determination along with any new information and make a final decision within fifteen (15) business days. During this review and decision making period, Hartford Healthcare will suspend any ECA's. If financial assistance is not approved, Hartford Healthcare will resume its collection activities after the 14 calendar days afforded for appeal.

Signage and written information regarding how to apply for Financial Assistance will be available in the Hospital emergency service departments and patient registration areas.

Once a patient or his or her legal representative requests information about Financial Assistance, a financial counselor will provide the patient or his or her legal representative with the Financial Assistance Application along with a list of the required documents that must be provided to process the application.

Approved Financial Assistance Applications will be valid for six months from the date HHC's makes its eligibility determination.

Patients may apply for Financial Assistance at any time during the collection cycle process or within 240 days from the date of the first Self Pay notice.

III. Calculating Amounts Charged to Patients

Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable).

IV. Relationship to Hartford HealthCare's Collection Practices.

In the event a patient fails to qualify for Financial Assistance or fails to timely pay his or her portion of discounted charges pursuant to this Policy, HHC reserves the right to

institute and pursue Extraordinary Collection Actions (ECA) and remedies such as imposing wage garnishments or filing liens on primary or secondary residences, bank or investment accounts, or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies. For those patients who qualify for Financial Assistance and who, in HHC's sole determination, are cooperating in good faith to resolve the outstanding accounts, HHC may offer extended payment plans to eligible patients. For patients who meet the terms of the payment plan HHC will not impose wage garnishments or liens on primary residences, and will not send unpaid bills that are part of the payment plan to outside collection agencies.

No ECA will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that the patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

V. Publication and Education. HHC will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room (if any) and admissions areas; (iii) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HHC's home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in HHC written publications.

VI. Covered/Non-Covered Provider List. Attached as Appendix C to this Policy is a list of providers independent of HHC that deliver emergency or other medically necessary care in HHC's facility and identifies whether the care they provide is (or is not) covered by this Policy. The Board of Directors of HHC delegates the authority to update Appendix C as needed to the Executive Vice President and Chief Financial Officer.

VII. Relation to Free Bed Funds. If a patient applies for Financial Assistance, the Hospital will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

VIII. Regulatory Compliance. The Hospital will comply with all state and federal laws, rules and regulations applicable to the conduct described in this Policy.

Hartford HealthCare

FINANCIAL ASSISTANCE POLICY
Updated September 20, 2016

APPENDIX A

Federal Poverty Guidelines Effective January 2015

		250%** FPG	275%** FPG	300%** FPG	325%** FPG	400%** FPG
Size of Family	Poverty Guideline	100% Awarded	75% Awarded	50% Awarded	25% Awarded	25% Awarded
1	$11,770	$29,425	$32,368	$35,310	$38,253	$47,080
2	$15,930	$39,825	$43,808	$47,790	$51,773	$63,720
3	$20,090	$50,225	$55,248	$60,270	$65,293	$80,360
4	$24,250	$60,625	$66,688	$72,750	$78,813	$97,000
5	$28,410	$71,025	$78,128	$85,230	$92,333	$113,640
6	$32,570	$81,425	$89,568	$97,710	$105,853	$130,280
7	$36,730	$91,825	$101,008	$110,190	$119,373	$146,920
8	$40,890	$102,225	$112,448	$122,670	$132,893	$163,560

*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

For families with more than 8 members, add $4,160 (multiplying factor) for each additional member

Medically Indigent/Catastrophic Financial Assistance*

Medically Indigent/Catastrophic Eligibility:	
Balance Due	Discount
Balance due is ≥ **100%** of patient's annual gross family	90% of balance due
Balance due is ≥ **90%** of patient's annual gross family	85% of balance due
Balance due is ≥ **80%** of patient's annual gross family	80% of balance due
Balance due is ≥ **70%** of patient's annual gross family	75% of balance due
Balance due is ≥ **60%** of patient's annual gross family	70% of balance due
Balance due is ≥ **50%** of patient's annual gross family	65% of balance due

*In no case will the Patient's Balance Due after Discount is applied be more than 10% of annual gross family income

Average Generally Billed* (AGB's) by Facility/Group

Facility/Physician Group	Average Generally Billed (AGB)	Uninsured Discount as of 1/1/16
Backus Hospital	41%	59%
Hospital of Central Connecticut	41%	59%
Hartford Hospital	40%	60%
Hartford Healthcare Medical Group	40%	60%
Midstate Medical Center	41%	59%
Windham Hospital	41%	59%
Natchaug	64%	36%
Rushford	66%	34%

*AGB rates calculated using all allowable claims including commercial, Medicare and Medicaid claims using period YTD September 2015. Each facility AGB will be calculated annually and effective on 1/1 of the next year.

Hartford HealthCare

FINANCIAL ASSISTANCE POLICY
Updated September 20, 2016

APPENDIX B

Contact Information for Financial Assistance

Hartford HealthCare
Customer Service
1-877-HHC-Bill
hartfordhealthcare.org

Hartford Hospital
Financial Assistance Clearance Team
Main Admitting Department
80 Seymour Street
Hartford, CT 06102
1-877-545-3914
hartfordhospital.org

The Hospital of Central Connecticut
Financial Counselors
Main Admitting Department
100 Grand Street
New Britain, CT 06050
860-224-5181
thocc.org

MidState Medical Center
Financial Counselors
Main Admitting Department

435 Lewis Avenue
Meriden, CT 06451
203-694-8213
midstatemedical.org

or

455 Lewis Avenue
Meriden, CT 06451
203-694-8456
midstatemedical.org

William W. Backus Hospital
Financial Counselors
Financial Counseling Unit
326 Washington Street
Norwich, CT 06030
860-889-8331 x 2917
backushospital.org

Windham Memorial Hospital
Financial Counselors
Main Admitting Department
112 Mansfield Avenue
Willimantic, CT 06226
860.456.6706 or 860.456.6109
windhamhospital.org

Natchaug Hospital
189 Storrs Road
Mansfield, CT 06250
1-800-426-7792
nathaug.org

Rushford
1250 Silver Street
Middletown, CT 06457
1-877-577-3233
rushford.org

Hartford HealthCare

FINANCIAL ASSISTANCE POLICY
Updated September 20, 2016

APPENDIX C

List of Providers Independent of HHC Which Are
Covered/Not Covered by the HHC Financial Assistance Policy

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is covered by this Policy:

1. Hartford Medical Group (HHCMG)

2. Employed Physicians of Hartford Healthcare including all hospitalists and ED providers at Harford Hospital, The Hospital of Central Connecticut and William W. Backus Hospital.

With respect to the provision of emergency and medically necessary care in HHC's facility, care provided by the following independent providers is not covered by this Policy:

1. Services provided by Hartford Healthcare affiliates other than those listed in Appendix B are not covered by this policy.

2. Providers providing the following services are excluded from this policy: Radiology, Pathology, Anesthesia and ED providers at Midstate Medical Center and Windham Memorial Hospital.

3. If you have questions regarding the status of your provider, please call your hospital contact listed in Appendix B.

Hartford HealthCare

FINANCIAL ASSISTANCE POLICY
Updated September 20, 2016

APPENDIX D

Hartford Healthcare Facilities covered by this policy

Backus Hospital

Hospital of Central Connecticut

Hartford Hospital

MidState Medical Center

Natchaug Hospital

Rushford

Windham Hospital

Hartford HealthCare

www.HartfordHealthCare.org

Financial Assistance Application Form

*(Form Must Be **COMPLETELY** Filled Out - **PLEASE PRINT**)*

Please indicate where you received services for this application:

- ☐ Hartford HealthCare Medical Group
- ☐ Hartford Hospital
- ☐ The Hospital of Central Connecticut
- ☐ Midstate Medical Center
- ☐ Natchaug Hospital
- ☐ Rushford
- ☐ William W. Backus Hospital
- ☐ Windham Memorial Hospital

Date: _____

Name: _____

Mailing Address: _____ Home Address (if different): _____

City: _____ ST_____ Zip Code_____

Phone:_____

Patient Name: _____

Social Security Number: _____ Date of Birth: _____

Best Way to Contact You: _____

How Long at Current Residence: _____

Are You Currently Residing in a Shelter? ☐Yes ☐No

If Yes, Please Provide Name and Address of Shelter: _____

Residency Status (please check one):

- ☐ Citizen of the US
- ☐ Academic Documented Student
- ☐ Temporary Worker Visa
- ☐ Undocumented Resident, Specify Place of Birth:
- ☐ Permanent Resident of US
- ☐ Visitor in the US
- ☐ Other: _____

Are You a United States Veteran? ☐Yes ☐No

If Yes, Are You a WWII Veteran? ☐Yes ☐No

Are You Currently Employed? ☐Yes ☐No

If Yes, Name of Current Employer: _____

How Long with Current Employer: _____

Are You Married? ☐Yes ☐No

If Yes Name of Spouse: _____

Spouse's Employer: _____

Are You Related by Civil Union? ☐Yes ☐No

If Yes, Name of Partner: _____

Partner's Employer: _____

Did you apply for State Medical Assistance? ☐Yes ☐No

If Yes, Case number and Date of Application: / /

Case No._____ ____ ____ _____

Please provide letter that indicates you have been approved or denied State Medical Assistance.

Number of Dependents: _____

A dependent is a person listed on the patient's tax return.

List Dependents

Name of Dependents	Relationship	Date of Birth	Age

Proof of Income Information (If Applicable)

Source of Income	Patient/Responsible Party Enter Amount Per Month	Spouse or Partner Enter Amount Per Month
Gross Wages/Earnings (Before Taxes)		
Supported by Other Individual		
Child Support/Alimony Received		
Disability Benefits		
Pension Benefits		
Rental Income Received		
Self-Employment or Farm Earnings		
Social Security/SSI Benefits		
Trust Fund/Inheritance		
Unemployment Benefits		
Workman's Compensation		
Other Income *(please specify; e.g. Dividends, Interest, Stocks, Pending Settlements, Other Assets, etc.)*		
TOTAL INCOME		

Expense Information

Expenses	Monthly Payments	Outstanding Balance
Mortgage/Rent		
Auto Loan/Lease		
Credit Cards Other:		
Medical Bills		
Utilities: Electric, Gas, Oil, Water, Phone		
Other Expenses *(please specify):*		
TOTAL EXPENSES		

Account Information (For Staff Use Only)

Account Number	Date of Service	Patient Balance Due	HHC Facility	Hospital or Professional

Please select any of the following programs that you currently participate in or are eligible for:

- ☐ State-funded Prescription Program
- ☐ Participation in Women, Infants & Children Program
- ☐ Subsidized Housing or other public assistance
- ☐ Food Stamps (SNAP)
- ☐ Subsidized School Lunch Program
- ☐ Other: _____

The above statements are true and accurate. I understand that available funds are used only after all other sources of third party payment have been exhausted. I agree to cooperate and follow through with an application for State Medical Assistance as well as follow up or provide any other Third Party Payer documentation, as requested.

Applicant Signature: _____ Date: ____ / ____ / _____

Application Taken by: _____

Comments: _____

To complete determination, we may need additional documentation, as outlined below:

- ☐ Prior Year Tax Return
- ☐ Current Pay Stub(s)
- ☐ Bank Statement
- ☐ Letter of Support
- ☐ Social Security Record of Income
- ☐ Unemployment Letter

Applications for Hartford Hospital, The Hospital of Central Connecticut, Midstate Medical Center, Windham Memorial Hospital or Hartford HealthCare Medical Group please mail to:

Hartford Healthcare
Customer Service
PO Box 310911
Newington, CT 06111
860-696-6010
hartfordhealthcare.org

Applications for William W. Backus Hospital, Natchaug Hospital or Rushford please mail to their address below:

William W. Backus Hospital
Financial Counselors
Financial Counseling Unit
326 Washington Street
Norwich, CT 06030
860-889-8331- x2917
backushospital.org

Natchaug Hospital
189 Storrs Road
Mansfield, CT 06250
1-800-426-7792
natchaug.org

Rushford
1250 Silver Street
Middletown, CT 06457
1-877-577-3233
rushford.org

**********OFFICE USE ONLY**********

APPROVED: Full ☐Yes Partial ☐Yes _____ %
DENIED: ☐Yes, Reason for Denial: _____

Medical Record #: _____

Account #: _____

Reviewed by: _____
Signature: _____ Title: _____ Date: ____ / ____ / _____