

## Financial Assistance Policy

It is the philosophy and policy of Day Kimball Hospital that emergency and other medically necessary health care services should be available to all individuals, regardless of their ability to pay. Day Kimball Hospital is proud to offer financial assistance to patients who;

- Do not have insurance coverage, do not qualify for state Medicaid assistance, and who meet income guidelines
- Are insured but have financial hardship in meeting their remaining account balances

Uninsured and insured patients with incomes at or below 250% of the Federal Poverty Level (FPL) may be eligible for discounted services based on income and asset limitations. Please note that additional asset and/or income verification guidelines may apply depending upon the applicant's determined income percentage of the current Federal Poverty Level. Patients have 240 days from the date of their initial bill to apply for financial assistance.

## Eligibility for Financial Assistance

### **Patients without Insurance Coverage:**

**Cost of Care:** If you qualify for financial assistance under our policy, you will not be charged more for emergency or other necessary care than the amount generally billed (AGB) to patients having Medicare coverage. In addition, you will not be expected to pay more than our cost to provide those medically necessary services as outlined in Connecticut State Statute 19a-673.

**Eligibility / Discount:** Uninsured patients who are deemed ineligible for Medicaid coverage by the State of Connecticut DSS office can qualify for a 100% charity care discount to the cost of their care (gross charges) if they meet all of the following criteria:

- Patient must be a Connecticut resident, or if a non-resident had services in our Emergency Room.
- Annual income is less than 250% of the current Federal Income Poverty Level (see chart below)
- Liquid assets must not exceed \$100,000
- Single account balance of \$250 or greater.

### **Patients with Insurance Coverage:**

**Eligibility / Discount:** Insured patients may qualify for a 75% charity care discount on the remaining uncovered cost of their care after insurance payments are made if they meet all of the following criteria:

- Patient must be a Connecticut resident, or if a non-resident had services in our Emergency Room.
- Annual income is less than 250% of the current Federal Income Poverty Level (see chart below)
- Liquid assets must not exceed \$100,000
- Single account balance of \$250 or greater

Insured patients who have no additional coverage (and have documentation that they have exhausted their insurance) for the remainder of their plan year will be deemed "uninsured" under our policy. If granted charity care, it will be one-time granting

## Federal Poverty Income Levels: 2017

Members in Household	Max Family - Gross Income	
	100% FPL	250% FPL
1	\$12,060.00	\$30,150.00
2	\$16,240.00	\$40,600.00
3	\$20,420.00	\$51,050.00
4	\$24,600.00	\$61,500.00
5	\$28,780.00	\$71,950.00
6	\$32,960.00	\$82,400.00
7	\$37,140.00	\$92,850.00
8	\$41,320.00	\$103,300.00

\*\*For family units larger than eight members, add \$10,450 for each additional member

## Services not Covered by our Financial Assistance Program

Our Financial Assistance program does not include services which are not medically necessary, or services provided by independent physician groups not employed by the hospital, which include;

- NES Physician Services (Emergency Room Physicians)
- Jefferson Radiology (Radiologist)
- Sheridan Health Corp (Anesthesiology Physicians)
- University Pathologist (Pathologist)
- ECHO – Eastern CT Hematology/Oncology (Oncologist)
- University of Massachusetts Sleep Lab Physicians
- Connecticut GI Physicians

## How to apply and obtain copies of our policy

For more details on our Financial Assistance Policy or to download a copy of our application, please visit our website at [www.daykimball.org](http://www.daykimball.org) or contact our Financial Counseling department at 860-963-6337 to obtain a copy.

## Como aplicar y obtener copias de nuestra pocracia

Para mas detalles en nuestra pocracia asistente financiera o para bajar una copias de nuestra aplicaciones, porfavor visite nuestra web [www.daykimball.org](http://www.daykimball.org) o para conectarse con el departamento consejero 860-963-6337 para obtener una copia.

## Payment Plans

Patients who do not qualify for our Financial Assistance Program, but are experiencing financial hardship in paying their remaining account balances, may take advantage of our affordable payment plan option(s). At Day Kimball Healthcare we are committed to your health and wellbeing, and want to make sure you're able to receive the care you need, when you need it - without financial concerns standing in your way. That's why we have partnered with CarePayment to provide affordable payment plans to our patients who need help paying their medical bills over time. Learn more about our payment options by calling our Patient Accounts Department.

## Contact the Day Kimball Hospital Patient Accounts Department

Day Kimball Hospital Certified Application Counselors are available to assist you Monday through Friday, from 7:30 a.m. to 4:00 p.m. (closed on holidays).

Phone: (860) 963-6337 (Select option 1 for billing questions, option 2 for financial assistance)

E-mail: [Patient\\_Financial\\_Counselor@daykimball.org](mailto:Patient_Financial_Counselor@daykimball.org)