

WINDHAM COMMUNITY MEMORIAL HOSPITAL, INC

Pt Access Policy #
Windham Hospital Policy Manual

DEPARTMENT: Patient Access

SUBJECT: Financial Assistance Program

TITLE: Operation of WCMH Financial Assistance Program

POLICY: Patients may be eligible for the Windham Hospital's financial Assistance Program. The hospital's Financial Assistance program is intended for application to outstanding hospital charges only. Applicants will be directed to seek separate agreements with outside providers for specific physician and professional charges. The hospital will comply with Connecticut General Statute 3-125, amended by Public Act 03-266 and will provide free care to patients that qualify

PROCEDURE: Patients are notified that Financial Assistance is available by the following ways:

- Notices are posted throughout the hospital at all registration points.
- Notices are printed on all statements, and collection agency correspondence.
- Notices are posted in the Patient Accounts, and cashiering areas.
- Notices are posted in Financial Counselor's office

Applicants for the Financial Assistance program are required to complete a written application with documented information concerning their financial condition, including but not limited to resources, income, assets and ability to pay. The Financial Assistance application must be completed in full to receive consideration. Incomplete applications will not be considered. Patients whose applications are incomplete will have their application returned for completion.

Based on the information received, the Financial Counselor will screen applicants for eligibility for all appropriate social services programs. This is to match patients with other resources that may assist them for non-hospital services, and also to maximize availability for the hospital's limited Financial Assistance resources.

The Financial Counselor reviews completed Financial Assistance applications determining the percentage of the allowance based on the following criteria:

- The current fiscal year federal poverty guidelines
- The guarantor's assets
- The ability to pay
- The guarantor's household unit size

The recommended allowances are at the discretion of the Financial Counselor and presented for approval to the Access Services Manager.

These findings are then reported in writing to the applicant by mail at the mailing address given in the application. Upon acceptance by the patient of the Financial Assistance discount, patients are required to sign a budget agreement establishing a no-interest, no-penalty installment payment schedule for the remaining balance due.

Patients may appeal decisions regarding eligibility criteria and amounts by submitting written requests for reconsideration through the Financial Counselor. Appeals are reviewed by a committee comprising the Financial Counselor, Access Services Manager and Case Management Director
Applicants can re-apply for Financial Assistance Care at any time as their circumstances change.

A copy of the Financial Assistance application, the Financial Assistance guidelines, and the notice is attached are provided in both English and Spanish.

Approved by: Francine Boulay
Access Services Manager

Effective Date: 3/1/05

Review: Annually

Reviewed, Not Revised: 2/09

Reviewed & Revised: 3/06;6/07



WINDHAM HOSPITAL



HARTFORD HEALTHCARE

FINANCIAL ASSISTANCE PROGRAMS

Windham Hospital provides financial assistance for certain qualified patients who are unable to pay all or part of their hospital bill. Financial assistance is based on your income and number of dependents in your family as described in the income guideline chart below. Financial Assistance is given for Windham Hospital charges only. Arrangements to pay your Physician, Radiologist, ER Physician, Anesthesiologist or Pathologist must be made separately to those providers.

If you think you are eligible for these services and would like an application, please call 860-456-6706 or 860-456-6109 Monday-Friday to speak with a Financial Counselor or make an appointment to speak with a Financial Counselor at Windham Hospital on the third floor located at 112 Mansfield Avenue, Willimantic, CT 06226. After you have completed an application, you will be notified whether it has been approved or denied. If your application is denied you may reapply as additional funds may become available on a yearly basis or your financial circumstances change.

FAMILY SIZE **	ADJUSTED GROSS INCOME	
	Effective Date: 11/01/2010	
#	<i>Category A Incomes below the Max Family Income may be eligible for up to 100% Free Hospital Care</i>	<i>Category B Uninsured Patients with Incomes between the Family Income listed below may be eligible for 40% Cost Reduction of Hospital Care</i>
	<i>Max Family Income (Gross)</i>	<i>Max Family Income (Gross)</i>
1	\$27,075	\$27,076 - \$43,320
2	\$36,425	\$36,426 - \$58,280
3	\$45,775	\$45,776 - \$73,240
4	\$55,125	\$55,126 - \$88,200
5	\$63,975	\$63,976 - \$102,360
6	\$73,825	\$73,826 - \$118,120
7	\$83,175	\$83,176 - \$133,080
8	\$92,525	\$92,526 - \$148,040

** For family units with more than eight members add \$10,750 for each additional member.



HARTFORD HEALTHCARE

PROGRAMAS DE ASISTENCIA ECONÓMICA

Windham Hospital provee asistencia económica para ciertos pacientes calificados que no puedan pagar su cuenta del hospital enteramente o parcialmente. Asistencia financiera se basa en el número de dependientes en su familia, conforme a la descripción en la índice de la pauta abajo.. **Asistencia financiera es dada para cargos de parte del hospital solamente. Arreglos para pagar su medico, radiologo, anestecicologo, medico ER, o Patologo deben ser hechos con esos proveedores aparte.**

Si piensas que usted califica para estos servicios y desea una aplicacion, por favor llame al 860-456-6706 o al 860-456-6109) del Lunes - Viernes para hablar con un Consejero Financiero o hacer una cita con un Consejero Financiero localizado el tercer piso en del Windham Hospital en 112 Mansfield Avenue, Willimantic, CT 06226. Después que usted llene su solicitud, se le notificara a usted respecto a cualquier concesion o rechazo. Si se rechaza su solicitud, usted podra hacer solicitud nuevamente en cuanto fondos adicionales se hagan disponibles anualmente o las circunstancias economicas de usted cambien.

TAMAÑO DE FAMILIA**		INGRESO BRUTO AJUSTADO Fecha de Vigencia: 11/1/2010	
#	Categoría A <i>Familias con Ingresos menos del Maximo podria recibir hasta 100% Cuidado de Hospital Gratis</i>	Categoría B <i>Pacientes sin Seguro Medico con Ingresos familiar entre los Ingresos notados podrian recibir hasta 40% de Costo Reducido por Cuidado de Hospital</i>	
	<i>Maximo Ingreso (Bruto) Por Family</i>	<i>Maximo Ingreso (Bruto) Por Family</i>	
1	\$27,075	\$27,076 - \$43,320	
2	\$36,425	\$36,426 - \$58,280	
3	\$45,775	\$45,776 - \$73,240	
4	\$55,125	\$55,126 - \$88,200	
5	\$63,975	\$63,976 - \$102,360	
6	\$73,825	\$73,826 - \$118,120	
7	\$83,175	\$83,176 - \$133,080	
8	\$92,525	\$92,526 - \$148,040	

** Para familias con mas de ocho dependientes, añade \$10,750 por cada miembro adicional.