TRUST. VINCENT'S

St. Vincent's Medical Center Charity Financial Assistance Program

Thank you for choosing St. Vincent's for your healthcare needs. For the benefit of all uninsured and underinsured patients, we provide an opportunity to apply for Charity Care financial assistance. To be considered, please review the information below and complete the application on the reverse side of this document. If you need assistance, please contact our Charity Financial Counselor at 203-576-6257.

Summary of St. Vincent's Financial Assistance Policy

St. Vincent's has a commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, we provide financial assistance for certain individuals who receive emergency or other medically necessary care at St. Vincent's. This summary provides a brief overview of our Financial Assistance Policy.

Who Is Eligible?

Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you will receive a 100% charity care write-off on the portion of the charges for which you are responsible, except for a small flat charge for services. If your income is above 250% of the Federal Poverty Level but does not exceed 400%, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. Elective services are not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you will need to complete the attached application and provide the supporting documentation described.

How Can I Get Help with an Application?

You may contact our Charity Financial Counselor at 203-576-6257.

How Can I Get More Information?

Copies of the Financial Assistance Policy and application forms are available at stvincents.org/financial-assistance and at the Charity Financial Counselor and Patient Access department. Free copies of the Financial Assistance Policy and application can also be obtained by mail by contacting our Charity Financial Counselor at 203-576-6257. You can also contact Patient Access at 203-576-5074 or Customer Service at 203-576-5384.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact our Charity Financial Counselor by telephone at 203-576-5384. Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this plain language summary are available in the following languages upon request: English, Spanish and Portuguese.

(Application on reverse side)

gentler hands / SHARPER MINDS

Charity Financial Counselor
(203) 576-6257 / F (203) 382-2430
2800 Main Street, Bridgeport, CT 06606
Financial.Assistance@stvincents.org

St.Vincent's Medical Center

ST. VINCENT'S HEALTH SERVICES

TRUST. VINCENT'S

Patient Financial Assistance Program Application

Applicant's Name: ______________________________ MR# ______________

Address: ______________________________

City: ______________ State: ______________ Zip: ______________

Telephone: (   ) ______________________ Date of Birth: ______________

Email: ______________________________

Family Members (List all family members living in household and their date(s) of birth. Children age 18 and over must apply separately):

	Name	Relationship	Date of Birth
1.			
2.			
3.			
4.			
5.			

*** APPLICANTS MUST SUBMIT ALL REQUIRED DOCUMENTS IN THE SAME MAILING.
THE FOLLOWING DOCUMENTATION IS REQUIRED TO DETERMINE ELIGIBILITY

Proof of Identification (of all listed above)
- Driver license or Passport
- Permanent Resident card
- Birth Certification (under the age 18 years)
- Social Security card or Tax ID

Proof of Address (of all listed above)
- Utility, phone, gas, cable, water bill
- Provide any hospital or Medical bills

Proof of shelter expense
- Rent Lease agreement
- Rent receipt
- Mortgage statement
- Property Taxes

Provide Health Insurance
- If yes, provide insurance information.

Proof of Denial letter from the Dept. of Social service DSS
- If you are a US Citizen or Permanent Resident we need a copy of denial letter.

Proof of Income (all listed above)
- Proof of Income for the last 30 days from the working members of household.
- Self-declaration letter of weekly income.
- Social security income
- Pension
- Rental income
- Child support
- Alimony.
- Unemployment or Workers comp
- Federal Tax Return complete with all schedules
- Provide any subsidized Housing, Food Stamps or cash assistances.

Proof No income
- Signed Letter of support with ID of supporter
- Provide Self declaration letter of no income.

Bank Accounts
- Last 3 complete months of bank statements for all accounts. (Including Business accounts)

I affirm by my signature below that the information contained on this application is true to the best of my knowledge. I agree to provide additional information as requested in order to inform St. Vincent's promptly of any changes in my needs, income, living arrangements or address. Based on the determination of this application for reduced charges, I hereby agree to pay such fees at the time the service is rendered. You may be required to apply for Medicaid assistance before your request can be approved.

____
Applicant's Signature

____
Relationship (if other than patient)

____
Date

OFFICE USE ONLY

Discount % Approved ______________

Date Approved ______________

Approval Signature ______________

Charity Financial Counselor
(203) 576-6257 / F (203) 382-2430
2800 Main Street, Bridgeport, CT 06606
Financial.Assistance@stvincents.org

St. Vincent's Medical Center
St. Vincent's Health Services