COMMUNITY GENERAL HOSPITAL
FINANCIAL ASSISTANCE PROGRAM
APPLICATION PROCESS

1) The patient or guarantor must complete a financial assistance application to be eligible for financial assistance. Applications may be obtained by contacting either the business office or the financial caseworker. The following information must be provided with the application.

a. Verification of all income (last three consecutive pay stubs, three months of self employment records, statement from an employer, copy of most recent unemployment pay stub, copy of social security, pension and any other checks received).

b. Current statements to confirm assets (excluding primary residence, primary vehicle, retirement or college saving programs) such as bank accounts, investment accounts, stocks and other assets.

c. Written proof of the status of any other program applied for such as Medicaid.

If a patient is unable to provide the required information, the application will be reviewed on a case-by-case basis and may be denied for lack of information.

2) Patients must complete the application and return it with any necessary documentation within 20 business days of receiving an application. More time may be allowed on a case-by-case basis. Patients may expect a decision within approximately 30 days from the receipt of all information. A letter may be sent requesting additional information or clarification. All determinations will be given in writing.

3) An application may be made at any time during the billing process unless an account was placed with a bad debt collection agency more than six months prior.

The hospital has an obligation to take appropriate collection efforts if a patient fails to comply with financial assistance reporting requirements and has an outstanding account balance.

As noted, the hospital provides a financial caseworker/facilitated enroller to assist individuals in applying for financial assistance, to assist eligible patients to access public or private insurance options, and to make financial assistance eligibility determinations.

TO CONTACT THE FINANCIAL CASEWORKER/FACILITATED ENROLLER

Call (315) 492-5323 or email FinancialAssistance@cgh.org.
The mission of each and every hospital is to serve the health care needs of people in their communities 24 hours a day, seven days a week. Their task, and the task of their medical staffs, is to care and to cure. Community General Hospital is united with America’s hospitals in providing care based on the following principles:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone, regardless of a patient’s ability to pay.
- Assist patients who cannot pay for part or all of the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep the hospital’s doors open for all who may need care in the community.

Community General Hospital is committed to serving patients who need medical care regardless of their ability to pay for part or all of the care they receive. Accordingly, the hospital assists low-income, uninsured or under-insured individuals who cannot afford to pay in full for the medically necessary care they received. Financial assistance is available from a number of governmental and other sources.

Our financial caseworker/facilitated enroller can assist you with applications to programs such as:
- Medicaid, Medicaid Managed Care
  (including programs administered by Fidelis, Total Care, Excellus and United Health Care)
- Family Health Plus
- Child Health Plus A and B
- Healthy New York/Access New York

In addition, the hospital provides assistance to qualified individuals who cannot afford to pay in full for the care they received. This policy is not intended to eliminate personal responsibility for meeting financial obligations, including amounts owed for health care services. All patients are expected to contribute to their hospital care based on their individual ability to pay.

Community General Hospital Financial Assistance Discount Program is available for qualified patients who meet eligibility requirements including annual gross income up to 300% of the federal poverty level. Community General Hospital will consider a patient’s income, assets (excluding primary residence, primary vehicle, retirement or college saving programs) and health care needs. Patients who meet eligibility guidelines up to 200% of the federal poverty level will receive a 100% discount. Patients with income levels between 200% and 300% of the federal poverty levels will receive a discount on their hospital bill between 50% and 70%.

The hospital’s financial assistance programs only cover medically necessary charges billed by the hospital. The programs do not cover bills received from private or interpreting physicians, convenience items or private rooms unless documented as medically necessary.
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<tr>
<th>Family Size</th>
<th>Federal Poverty Guidelines effective 1/23/09</th>
<th>CGH Guidelines at 200% of 2009 Federal</th>
<th>CGH Guidelines at 250% of 2009 Federal</th>
<th>CGH Guidelines at 300% of 2009 Federal</th>
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