Notice of Financial Assistance

Patient Information

It is the policy of Hospital for Special Surgery (HSS) to provide care to indigent patients regardless of ability to pay. The hospital's Financial Assistance program assists patients with limited or no insurance coverage. The program is designed to assist patients who are unable to pay for their hospital services. All medically necessary services provided by HSS are covered by the discount. This includes outpatient services and inpatient admissions. This policy does not apply to any charges for physician professional services. Please speak to your private physician to see if they offer payment options.

Eligibility Information

A patient (or their representative) may request financial assistance at any time prior to receiving, while receiving or after receiving care at HSS. Eligible patients must be residents of the United States. The eligibility determination shall be applied regardless of race, color, creed, sexual orientation, ethnic origin or immigration status. Applications for financial assistance are administered on an individual basis, taking into consideration all of your specific circumstances and needs. You cannot be denied medically necessary care because you need financial assistance.

The Application Process

All patients requesting financial assistance must complete a Financial Assistance Application. The applicant must provide documentation that supports their family's current level of income, available assets and proof of U.S. residency. Documents that prove the level of current income can include recent tax returns, pay stubs, W-2 forms, Social Security or disability statements, or business income and expense statements. If you can not provide any of these, you may still be able to apply for financial assistance. All applications, supporting documentation, and communication will be treated with the highest regards for patient confidentiality. HSS may ask that you apply for public assistance (Medicaid).

Financial Assistance Decision and Notification Process

HSS uses poverty guidelines issued by the U.S. Department of Health and Human Services to determine a patient's eligibility for financial assistance. Financial assistance will be provided to patients when their gross family income is less than five times the Federal Poverty Guidelines adjusted for family size. If the patient's income, adjusted for family size, is more than one and a half times the Federal Poverty Guidelines, the hospital may consider certain assets and liabilities of the patient when determining ability to pay.
The amount of the discount varies based on your income and the size of your family. These are the income limits (based on five times the 2009 Federal Poverty Guidelines).

<table>
<thead>
<tr>
<th>Family size</th>
<th>Annual Family Income</th>
<th>Monthly Family Income</th>
<th>Weekly Family Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $54,150</td>
<td>Up to $4,513</td>
<td>Up to $1,041</td>
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<tr>
<td>2</td>
<td>Up to $72,850</td>
<td>Up to $6,071</td>
<td>Up to $1,401</td>
</tr>
<tr>
<td>3</td>
<td>Up to $91,550</td>
<td>Up to $7,629</td>
<td>Up to $1,761</td>
</tr>
<tr>
<td>4</td>
<td>Up to $110,250</td>
<td>Up to $9,188</td>
<td>Up to $2,120</td>
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<tr>
<td>5</td>
<td>Up to $128,950</td>
<td>Up to $10,746</td>
<td>Up to $2,480</td>
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<tr>
<td>6</td>
<td>Up to $147,350</td>
<td>Up to $12,279</td>
<td>Up to $2,834</td>
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</tbody>
</table>

The applicant will be notified in writing of the determination of a Financial Assistance Application within 30 calendar days of receipt of a complete application. An application is complete if sufficient information has been provided by the applicant to make a determination of the eligibility for financial assistance.

**Paying Your Bill**

Your bill for an outpatient service starts at $0 for children and pregnant women, depending on your income. Your bill for outpatient services starts at $15 for adults, depending on your income. Our Financial Counselor will give you the details about your specific discount(s) once your application is processed.

If after receiving a discount you can not pay your entire bill, Hospital for Special Surgery offers a payment plan to uninsured patients that meet the income limits above. The amount you pay will depend on your income level. Should you not be eligible for Financial Assistance, the hospital does offer payment plans on a case-by-case basis.

You may disregard any bills while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

**Appeals Process**

An applicant may request an appeal; in other words, you may request that the hospital's decision about the patient's eligibility for Financial Assistance be re-evaluated. A written appeal must be received by the hospital within 30 calendar days of the patient's initial receipt of notification of the eligibility decision. A notification in writing of the appeal determination will be rendered within 30 calendar days of receipt of the appeal request.

**Contacting the Financial Assistance Program**

Financial Assistance Counselors are available to assist you in understanding the program and to answer any questions you may have about the application and what the discount may mean for you. Should you need assistance in any language other than English, the program will be able to provide
a translator in your spoken language. The Financial Assistance Counselor will also inform you if you may qualify for free or low-cost health insurance such as Medicaid, Child Health Plus and Family Health Plus. If the Financial Counselor finds that you don't qualify for low-cost insurance, they will help you apply for a discount. The Counselor can help you fill out all the forms and tell you what documents you need to provide with the application.

**What if I have a problem I cannot resolve with the hospital?**

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.

For more information about the Financial Assistance Program or to request a Financial Assistance Application call (212) 606-1505 to speak with a Financial Assistance Counselor. Foreign language translators can be provided if requested. You may also ask a hospital registration staff member for an application.

Applications should be sent to:

Hospital for Special Surgery  
Financial Assistance Program  
535 East 70th Street, ERP Level B  
New York, NY 10021