Discount Program

Lourdes maintains a strong commitment to provide services to our patients regardless of their ability to pay.

Lourdes has developed a discount program to ease the burden of medical expenses for those who are uninsured but have the ability to pay. This program is for those who do not have health insurance AND do not qualify for other assistance programs.

The Lourdes Discount Program for the Uninsured is available for uninsured patients who receive medically necessary healthcare services. Excluded are any services provided at Lourdes by private businesses or professional groups (i.e., Radiology, Pathology, Anesthesiology, etc.)

All patients without insurance are eligible for a discount of 25%.

If payment is received within 30 days of the statement date, an additional prompt pay discount of 20% will be applied to the bill.

For more information about the Discount Program for the Uninsured, call the billing department at 607-584-5500.

If you are still unable to pay your discounted balance, you may contact a Lourdes financial counselor by calling 607-798-5506.
Help for the Uninsured

Please share this material with other families who could benefit from the information.

Family Health Plus

Health insurance available to single adults (19-64yrs.), couples without children, and parents/guardian with at least one child under 21. Available if applicant does not currently have health insurance. Income eligibility requirements do apply.

CALL: Mothers & Babies Perinatal Services of SCNY, Inc. at 1-800-231-0744 servicing the Broome, Tioga, & Delaware county area for facilitated enrollment.

Child Health Plus B

Health insurance for all children up to the age of 19 years who live in New York State. The following HMO Plans participate in the Child Health Plus Program:

In Broome County: CDPHP 1-800-454-3840, Fidelis 1-888-343-3547, BC/BS Central NY 1-800-282-0068.
In Tioga County: CDPHP 1-800-454-3840, BC/BS Central NY 1-800-282-0068.
In Delaware County: BC/BS Utica Watertown 1-800-756-3656, CDPHP 1-800-454-3840 OR

CALL: Mothers & Babies Perinatal Services of SCNY, Inc. 1-800-231-0744 servicing the Broome, Tioga & Delaware county area for facilitated enrollment.

Healthy New York

Offers health insurance for an individual who is employed full-time, part-time, or temporary up to age 64 years. Health insurance cost is based on monthly premiums for individual, two parent & child(ren), or family plan selected. Premiums are paid to HMO plan that offers coverage in the county where you live.

http://www.lourdes.com/patient-guide/uninsured
CALL: Healthy NY toll-free hotline 1-866-432-5849 (or visit the Web site at http://www.healthyny.com/)

Healthy Living Partnership

Offers early detection and screening services; pap smears, screening mammograms (women), colorectal screens, diabetes information (men & women), tobacco-free living information, as well as Healthy Heart information.

CALL: Broome County Health Dept. 1-877-276-1019
CALL: Tioga Opportunities (Family Health Services) 607-687-5333 or Tioga County Health Dept. 607-687-8600
CALL: Delaware County Health Dept. 607-746-3166.
CALL: Delaware County Cornell Coop. Extension 607-865-6531

MEDICAID, CHILD HEALTH PLUS A, PCAP, MEDICARE SAVINGS PROGRAM

Medicaid

Health insurance for households of all ages if you meet certain income, resource, and/or disability requirements. Pregnant women, and children may apply at clinics, hospitals, and PCAP offices.

CALL: Broome County Dept. of Social Services 607-778-2604, or Medicaid Managed Care 607-778-2669
CALL: Tioga County Health Dept. 607-687-8600
CALL: Delaware County Dept. Social Services. 607-746-2325

Child Health Plus A

Health insurance program for all children up to the age of 19 years who live in New York State. Income eligibility requirements do apply.

In Broome County: CALL: Mothers & Babies Perinatal Services of SCNY, Inc. at 1-800-231-0744. Broome County Dept. of Social Services 607-778-2604.
In Tioga County: CALL: Tioga County Public Health 607-687-8600. or CALL: Mothers & Babies Perinatal Services of SCNY, Inc. at 1-800-231-0744.
In Delaware County: CALL: Delaware Opportunities 607-746-2165 or Mothers & Babies Perinatal Services of SCNY, Inc. at 1-800-231-0744.

Prenatal Care Assistance Program (PCAP)

Prenatal care program for pregnant women and their children. Hospital care during pregnancy and delivery for the mother. Free health care for the unborn infant up to one year of age.

CALL: Lourdes Hospital PCAP, 607-798-8058,
CALL: United Health Services Hospital PCAP, 607-763-5142
CALL: Delaware County PCAP
CALL: Chenango County PCAP, 607-336-8269
CALL: Tioga County PCAP, Tioga County Health Dept, 607-687-8600, or MOMS program at Guthrie Clinics in Sayre 570-882-2555 or Owego 607-687-6101.

Medicare Savings Program

State Medicaid programs that pay some or all of the Medicare premiums, and some deductibles and coinsurance for individuals who have Medicare coverage.

http://www.lourdes.com/patient-guide/uninsured
CALL: Broome County DSS, 607-778-2599.
CALL: Tioga County DSS, 607-687-8300.
CALL: Delaware County DSS, 607-746-2325.

Women, Infants, and Children (WIC)

A supplemental food program designed to improve the nutrition and health of women, infants, and children. Program available to pregnant or breastfeeding women and children under age 5. Eligibility determined by income and family size.

CALL: Broome County WIC Office, 607-778-2881
CALL: Tioga County WIC Office, 607-687-3147
CALL: Delaware County WIC Office, 607-746-2165

Community Free Clinic for Uninsured Adults

A local, free clinic staffed by volunteer physicians and other health professionals providing basic primary health care services, physical exams, and short-term treatment of non-emergency conditions for adults with no insurance. The clinic is located at the Broome County Health Department, and is open Monday & Thursday evenings from 5:00 p.m. to 7:30 p.m.

CALL: Upstate Medical Clinical Campus, 607-772-3519

Expanded Food & Nutrition Education Program (EFNEP)

Community-based nutrition education program offering classes by request for individuals and groups. Learn to prepare easy, nutritious, low-cost food for the family, stretch your food dollars and resources, grow healthy children, and assess your home environment. Youth groups & discovery pack programs available.

CALL: Cornell Coop. Extension Broome County (EFNEP & FSNEP, EatSmart NY) 607-772-8953
CALL: Cornell Coop. Extension Tioga County (FSNEP- Food Stamp Nutrition Education Program) 607-687-4020
CALL: Cornell Coop. Extension Delaware County 607-865-6531

HOSPITAL PATIENT FINANCIAL ASSISTANCE PROGRAMS

Area hospitals have programs to help people who are uninsured/underinsured to pay for care. The patient needs to ask about the Patient Financial Assistance Programs before care/services are rendered. Most programs have an income eligibility requirement. These programs help patients avoid having bills go to collection. These programs offer people reduced or adjusted bills, or payment arrangements may be scheduled over time on an individual basis. Hospital Patient Financial Assistance Programs all vary slightly, so it's important to call the appropriate office at the hospital of your choice.

Lourdes Patient Financial Assistance Program

Lourdes Patient Financial Assistance, 607-798-5506

United Health Services (UHS)

Financial Assistance (Patient Financial Advocates)
Binghamton General Hospital (BGH), 607-762-3300
Wilson Memorial Hospital (WMH), 607-763-5423

Delaware Valley Hospital - UHS

Delaware Valley Hospital

http://www.lourdes.com/patient-guide/uninsured

7/8/2010
Admitting/Collection Clerk, 607-865-2100

The Sidney Hospital
Financial Counselor, 607-561-5200

Robert Packer Hospital
Patient Accounting, 570-882-4898

Guthrie Clinic, LTD.
Guthrie Clinic LTD, 1-800-836-9990 or 570-882-2600

This information has been made available through Community Access Program funds, and was developed by the Health Care Access Work Group of the Family Health Link Project. FHL is a project of the Rural Health Network of South Central New York.

For copies of this material, please call the Rural Health Network of SCNY at 1-888-603-5973.

Updated: June 2005

http://www.lourdes.com/patient-guide/uninsured
Lourdes recognizes the difficulty unexpected medical problems can cause to your finances. Medically necessary care should not be delayed because you don’t have health insurance or you’re unable to pay your medical bills.

We also know seeking financial assistance can be a sensitive issue. At Lourdes, we are committed to providing high quality healthcare and to treating all patients with dignity, compassion and respect. All requests, information and funding will be kept confidential.

The information within this brochure is provided to our patients and families as a resource to help you with your financial needs. Patients must follow through with the application process and requirements for assistance in order to be granted financial assistance. A financial counselor will work with you to determine if you are eligible. It is important to remember that you will receive medically necessary care, regardless of your eligibility for financial assistance or ability to pay.

If you have additional questions, we encourage you to call the Patient Financial Assistance office at (607)798-5506 or (607)798-5279 or visit our website at www.LOURDES.com.

Lourdes was established by the Daughters of Charity in 1925 to serve the people of this area, especially those in need. Today, we continue our strong commitment to provide services to patients regardless of their ability to pay.

Patients and/or Guarantors are responsible for payment of bills for services provided by Lourdes. Lourdes has established the Patient Financial Assistance Program to help patients who meet the income and resources' guidelines established by Lourdes, and who are not eligible for any other available program, such as Medicaid, Child Health Plus, Family Health Plus, etc. It can also be used to assist with any copays or deductibles of other programs. If we believe that you are eligible for any other program, you must apply to that program and receive in writing, an approval or denial before we can determine if you are eligible for the Lourdes Patient Financial Assistance Program. This requirement enables us to serve as many people as possible with our limited funds. This program is available to the extent Lourdes’ resources allow.
A financial scale based on federal poverty income guidelines determines your eligibility for the Patient Financial Assistance Program. How much your Lourdes bill will be discounted depends on how your gross income and resources compare with this financial scale.

If you are found eligible, your discount will apply to all charges generated by Lourdes. Some services received at Lourdes are provided by private physician groups, such as the services of a Radiologist or Anesthesiologist, and are not covered because the bill you receive is not a Lourdes bill. A Lourdes Patient Financial Counselor will be happy to answer any questions and to help you clarify your charges.

TO APPLY FOR LOURDES PATIENT FINANCIAL ASSISTANCE PROGRAM:

1. Complete the attached application. Please include the names and dates of birth for all household members.
2. Provide proof of total household income. Copies of pay stubs for the most recent 4 week period, or a letter from your employer stating average monthly wages. Include copies of unemployment stub, Social Security benefits, monthly pension or any other sources of monthly income.
3. Provide proof of your resources. Resources include checking/savings accounts, stocks, bonds and real estate property other than your primary residency. We do not include your home, tax deferred retirement or college savings funds, or vehicles used by your immediate family.
4. Mail the completed application and copies of required proofs to the address at the bottom of the application. Please allow 30 days for processing of your application. We will contact you once your application has been reviewed. If your application is denied, you may appeal this decision to the Health Care Access Committee. A Financial Counselor is available to speak with you by calling (607) 798-5506.

### PATIENT FINANCIAL ASSISTANCE PROGRAM APPLICATION

**Applicant’s Name:**

**Address:**

**City:** ____________ **State:** ____________ **Zip:** ____________

**Telephone:** (_______) ____________ **Date of Birth:** ____________

**Family Members (List all members living in household and their date(s) of birth):**

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***APPLICANTS MUST SUBMIT ALL REQUIRED DOCUMENTS IN THE SAME MAILING. INCOMPLETE APPLICATIONS (THOSE MISSING ANY OF THE DOCUMENTS LISTED BELOW) WILL BE RETURNED.***

### THE FOLLOWING DOCUMENTATION IS REQUIRED TO DETERMINE ELIGIBILITY:

1. **Proof of income:**
   - (submit all documentation that applies to your household)
     - □ Pay stubs for most recent 4 weeks for each working member of household.
     - □ Unemployment or Workers Compensation statement.
     - □ Social Security benefit letter or bank statement if you use Direct Deposit.
     - □ Pension statement.

2. **Other resources:**
   - A. Do you have checking, savings, stocks, or bonds?
     - □ YES (If YES provide a current complete bank statement)*
     - □ NO
   - B. Do you own property that you do not live in?
     - □ YES (If YES attach copy of current assessed value)*
     - □ NO
   - C. Do you have any other sources of income?
     - □ YES (If YES attach letter with description of income)*
     - □ NO

* Information about other resources is required if you answered YES to any items listed above.

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 determine eligibility. I agree to inform Lourdes promptly of any changes in my needs, income, living arrangements or address.

**X** Applicant’s Signature

**X** Relationship (if other than patient)

**X** Date

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**OFFICE USE ONLY**

Discount % Approved ____________

Date Approved ____________

Approval Signature ____________

**MAIL APPLICATION TO:**

Lourdes Hospital
Patient Financial Assistance Program
169 Riverside Drive
Binghamton, NY 13905
Phone: (607) 798-5506 or (607) 798-5279
www.LOURDES.com