Financial Assistance for low income, uninsured or underinsured individuals with their Hospital claims is available to all who qualify. Our Financial Aid program is in the form of a discount off of our commercial payment rates. Any open balance including co-pay and deductible balances are eligible to be considered for a discount.

Eligibility Criteria:

What Services are covered?
All Hospital services provided (including services at our primary care sites) which are deemed to be medically necessary and apply to patients residing within our defined primary service area.

Primary Service Area consists of the following counties:
Albany Columbia Greene
Rensselaer Saratoga Schenectady
Schoharie Warren Washington

If your county of residence is not listed above and you would like to apply for Financial Aid we encourage you to do so. no application will be refused due to location of residence.

How to Apply:
Applications and/or confidential assistance with completion of the application is available from any Registrar or from our Patient Accounting Office by calling 471-3603.

Medicaid Questions:
Prior to or when appropriate, subsequent to approval for financial aid, patients may be asked to apply for Medicaid or other publicly sponsored insurance programs. We have staff available to assist you in this process. Medicaid may require the patient to make a payment to the Hospital as a condition for Medicaid approval. This is known as a spend down amount. Any payments the patient is required to make to the Hospital including the "spend down" amount and co-pay and/or deductible amounts are eligible for consideration in our financial aid program. Failure to apply or comply with the Medicaid application will result in denial of Financial Assistance. If you have been awarded Financial Aid and during a subsequent hospital visit you incur charges greater than $5,000.00, you may be requested to apply for Medicaid. Failure to submit a completed NYS Medicaid application within 90 days of request will result in revocation of current financial aid status for all services provided after the date of cancellation notice.

How to know if you are eligible for Financial Aid? To be eligible you must meet the following criteria:

Resources:
1. A patient’s eligibility for financial aid will be based upon family size and is limited to those patients/families that meet established income guidelines. Please refer to attachment A for income guidelines.

2. Household income: This refers to income before deductions (taxes, social security insurance premiums, payroll deductions, ) etc. Total Household Income is income from all members of a household from the following sources: wages, unemployment income, Workers Compensation, Veterans benefits, Social Security Income, Disability Insurance, public assistance (Welfare), alimony, child support and other cash income.
3. Needs: Any information that will assist us in understanding your overall financial condition.

4. Patients who do not meet the low-income definition but who feel their hospital bills are excessive will be reviewed on a case-by-case basis.

**Payment Plans:**
1. For patients falling at or below the Federal Poverty Level a nominal payment as established by the NYS Commissioner of Health will be requested for each service date. For all other patients who qualify for a discount of up to 100% of commercial rates a minimum monthly payment may be established at the time the discount amount is determined.

2. We feel it is important that all patients pay some portion of the cost of their health care unless the patient can demonstrate extreme financial distress in which case a 100% discount is available. The A.V.P. for Patient Financial Services must approve all financial aid awards totaling 100%.

3. Payment plans will be reviewed periodically to ensure the account remains in good standing.

4. If the patient feels at any time that their payment arrangement has become a burden due to a change in their financial situation a meeting can be scheduled with a financial counselor.

5. This policy only covers services provided by the Hospital. This policy does not apply to other bills you may receive from private physicians who may be involved in your care including but not limited to: Radiologists, Pathologists, Anesthesiologists or Emergency Room Physicians.

6. Applications are approved for a period of twelve months and are effective as of the first day of the month in which the services for which the application was submitted were provided. A “re-application” for financial aid may be requested following a subsequent Hospital visit where charges exceeding $5,000.00 are incurred.

**Application Processing:**

1. Financial Assistance applications must be requested within 90 days of discharge date. Upon receipt of our application patient shall have 20 days to complete and return to our Patient Accounting Department.

2. The Hospital will respond in writing with a final determination within 45 days of receipt of a completed application.

3. While your application is being processed, you do not have to make any payment to the Hospital until we send you a letter with our decision on your application. Our representatives from Cardon Healthcare, who assist the Hospital in evaluating your application, may contact you. If you are contacted by Cardon, failure to respond will result in a denial of your application.

If you have any concerns or issues you are unable to resolve with the Hospital you may call the New York State Department of Health at 1-800-804-5447.

Revised 07/10, 11/10, 12/10
## Northeast Health Financial Aid Guidelines
### 2009/2010

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
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<th>80%</th>
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<th>60%</th>
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<td>SPF100A</td>
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* A 100% discount equals a write-off to a balance not to exceed the nominal payment amount as identified by NYS Commissioner of Health.

### % Discount is applied to expected payment from highest volume commercial payer.

<table>
<thead>
<tr>
<th>100%</th>
<th>125%</th>
<th>150%</th>
<th>175%</th>
<th>200%</th>
<th>225%</th>
<th>250%</th>
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<tbody>
<tr>
<td>Nominal Payment:</td>
<td>Maximum fee that can be charged to patients at or below the Federal Poverty Guidelines</td>
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</table>

- Inpt Svcs/disch: $150.00 | $150.00 | $150.00
- Amb Surg/proc: $150.00 | $150.00 | $150.00
- MRI/proc: $150.00 | $150.00 | $150.00
- Adult ER/visit: $15.00 | $15.00 | $15.00
- ER/Observation: $75.00 | $75.00 | $75.00
- Pre-Natal/Ped ER/visit: N/C | N/C | N/C
- Primary Care/Other Hosp: $5.00 | $10.00 | $10.00
- PT and Outpt MHU: $5.00/svc | $10.00/svc | $25.00/svc | $30.00}

Wound Care/Hyperbaric max 60.00 per month on for patients receiving SPF100A or SPF100B Discounts