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**Financial Assistance Policy Plain Language Summary**

Hebrew Home & Hospital (dba Connecticut Behavioral Health Hospital) (“HHH”)’s Financial Assistance Policy provides free care to uninsured and underinsured individuals and families who have difficulty paying for the total cost of their medical care, including emergency medical treatment. Emergency medical treatment and medically necessary services are provided in all cases, regardless of an individual's inability to pay. So that we are able to serve as many people as possible under this program, applicants must meet certain eligibility requirements.

**Who qualifies for free care?**

A 100% discount for all medically necessary procedures is available to qualified patients with income less than 200% of the Federal Poverty Guidelines, when no other means of assistance is available. Each case is reviewed individually.

**What are the income limits?**

Financial assistance is provided to individuals at or below 200% of the Federal Poverty Guideline (“FPG”). The FPG effective February 1, 2021 are listed below:

|  |  |  |
| --- | --- | --- |
| **Size of Family Unit** | **Federal Poverty Guideline****(100% FPG)** | **Annual Income at or below 200% of FPG eligible for** **100% Free Care** |
| 1 | $12,880 | $25,760 |
| 2 | $17,420 | $34,840 |
| 3 | $21,960 | $43,920 |
| 4 | $26,500 | $53,000 |
| 5 | $31,040 | $62,080 |
| 6 | $35,580 | $71,160 |
| 7 | $40,120 | $80,240 |
| 8 | $44,660 | $89,320 |
| **For each additional family member after 8,****add** | **$4,540** | **$9,080** |

The determination will be based upon the FPG in effect at the date of service.

**What if my income is over the limit?**

If your income is over 200% of FPG, you do not qualify for free care under the Financial Assistance Policy.

Terms may also be made available to patients who are unable to pay their financial responsibility, and do not qualify under the Financial Assistance Policy. Please contact the Financial Services office at 860-523-3909.

**How do I apply?**

Applications are available several different ways:

* On the website at [Connecticut Behavioral Health Hospital | hebrewhealthcare.org (hebrewseniorcare.org)](http://www.hebrewseniorcare.org/connecticut_behavioral_health_hospital)
* In your Admission packet
* By contacting the Financial Services office at 860-523-3909
* Paper copies can be picked up in person or requested by mail at the Financial Services Office:

Hebrew Senior Care Financial Services Department

1 Abrahms Blvd

West Hartford, CT 06117

A completed application and required documentation should be sent to the address below, or delivered to the Financial Services office:

Hebrew Senior Care Financial Services Department

 1 Abrahms Blvd

West Hartford, CT 06117

**Can someone explain the discount? Can someone help me apply?**

Yes, free confidential help is available. Call the Financial Service office at 860-523-3909.

**Are all services covered?**

Non-medically necessary services are not covered by the policy.

Contracted psychiatrists are not covered by the policy.

**Other**-

 Translations of the application and summary may be made available upon request, if necessary.

A Financial Assistance eligible individual will not be charged more than the amounts generally billed for emergency or other medically-necessary care.