

FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY

Policy Statement

Holy Name Medical Center's (HNMC's) Financial Assistance Policy (FAP) exists to provide eligible patients, partially or fully-discounted emergency or other medically necessary healthcare services provided by HNMC.

Eligible Services

Emergency or other medically necessary healthcare services provided by HNMC and billed by HNMC. Other services which are separately billed by other providers, such as physicians or laboratories may not be eligible under the FAP.

Eligible Patients

Patients receiving medically necessary or emergent services, who submit a complete Financial Assistance Application, including related documentation/information and who are determined eligible for Financial Assistance by HNMC.

How to Apply

FAP and related application forms may be obtained/completed/submitted as follows:

- Paper copies of the FAP, FAP Application form, Plain Language Summary ("PLS") of the FAP and the Charity Care Application form are available upon request and without charge by mail or visiting in person: At the medical center's Financial Counseling office located within the Patient Access/Registration Department on the lobby floor. Office hours are Monday through Friday between 8:30 am to 2:30 pm.
- Requests to be pre-screened for HNMC's financial assistance programs may be made by calling the Financial Counseling office at 201-833-3157.
- The FAP, FAP Application form, PLS and the Charity Care Application may be downloaded from medical center's website: www.holyname.org/Financial/index.aspx

Determination of Financial Assistance Eligibility

Generally, eligible persons are eligible for Financial Assistance, using a sliding scale, when their Gross Family Income is at or below 500% of the Federal Government's Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that eligible persons have their hospital care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons. (AGB is defined in IRC Section 501(r) 5 by the Internal Revenue Service.)

Other criteria beyond FPG may also be considered, for example the availability of cash or other assets that may be converted to cash, and excess monthly gross income relative to monthly household expenditures, which may result in exceptions to the preceding. Incomplete applications are not considered and applicants will be notified and given an opportunity to provide the missing documentation/information. For 501(r) purposes patients will be given up to 240 days post-discharge billing statement to submit a completed FAP application. For Charity Care purposes patients will be given up to one (1) year from date of service to submit a completed Charity Care Application.

HNMC will also translate its FAP, FAP Application form and PLS of its FAP in other languages wherein the primary language of the residents of the community served by HNMC represents 5% or 1,000; whichever is less; of the population of individuals likely to be affected or encountered by HNMC. Translated versions will be made available upon request in person in the Financial Counseling office located in the Patient Access department located on the lobby floor at 718 Teaneck Road as well as on the medical center's website.