

Plain Language Summary of Financial Assistance Policy

Brattleboro Memorial Hospital is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's health care insurance benefits or financial resources.

Brattleboro Memorial Hospital's Financial Assistance program is designed to assist those patients who are either uninsured, under insured or have limited financial resources that impact their ability to fully pay for their hospital care. When making application for Financial Assistance, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veterans' Benefits or other governmental or public assistance programs.

A. Qualifications for Financial Assistance:

1. Financial Assistance is limited to medically necessary services. Please note that there are certain services that are not typically eligible for financial assistance, including, but not limited to certain elective services, such as those considered cosmetic, investigational or experimental.
2. Patients' family income must be at or below 350% of the current Federal Poverty Income Guidelines (FPG) for their family size. Financial Assistance is granted at 100% of eligible balances for income at or below 250% of FPG, 75% for income between 250% and 300% of FPG, and 50% for income between 300% and 350% of FPG;
3. Patients or their guarantors must complete a Financial Assistance application and provide the hospital with verification of income. Responsible parties may be asked to disclose the identity and amounts of any assets that could be used to pay for medical expenses. **NOTE:** Income verification may be waived at the discretion of the Director of Patient Financial Services or the Director of Physician Revenue Cycle, particularly in those instances in which patients have subsequently qualified for Medicaid, or are deceased, with no estate;
4. Financial Assistance applications will be processed within thirty (30) days of the date of their receipt in our Business Office;
5. Patients have 240 days from receipt of the first bill to apply for financial assistance.

A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for emergency or medically necessary care than amounts generally billed to patients having insurance covering such care.

B. How to Apply for Financial Assistance or Get Assistance in Applying

To be considered or if you have questions regarding our financial assistance programs, please contact our Community Resource Liaison at 802-257-8814, download the application from our website (<http://www.bmhvt.org>) or stop by in person at Brattleboro Memorial Hospital, 17 Belmont Avenue, Brattleboro, VT 05301.

C. How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request by writing to Patient Financial Services at 17 Belmont Avenue, Brattleboro VT 05301. Copies can also be found in the emergency room and admission areas of the hospital. These documents may be found online at <http://www.bmhvt.org>.