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	Last	02/2026	Frost: 886 -	
	Approved		Sr. Dir	
	Effective	02/2026	Revenue	
			Cycle	

PATIENT FINANCIAL ASSISTANCE POLICY

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I. SCOPE

This policy applies to all Emergency Care and other Medically Necessary Care provided by Brattleboro Memorial Hospital and Brattleboro Memorial Hospital Medical Group entities.

II. POLICY:

To establish a standardized policy and procedure for the administration of Brattleboro Memorial Hospital's Financial Assistance Program

PURPOSE:

BMH 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. BMH is committed to providing financial assistance to persons who have essential healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with BMH's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

This policy establishes the process for determining patient eligibility for financial assistance (a/k/a charity care, free care or discounted care) for services provided by BMH.

BMH does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information in the provision of patient financial assistance or in the implementation of this financial assistance policy.

Applications will be processed and approval will be based on specified criteria. If approved, patient's

obligation to BMH may be reduced for a period of time specified.

This policy is intended to comply with the applicable laws and regulations including those of the State of Vermont and the U.S. Internal Revenue Service including, but not limited to, Vermont Act 119 of 2022.

Patients are encouraged to contact us at (802) 257-8814, bmhvt.org or financialassistance@bmhvt.org, or at the Financial Aid Office on site if you have questions regarding this policy.

III. DEFINITIONS

Amount generally billed (AGB): The amount a hospital generally bills to individuals for emergency or other medically necessary health care services, determined using the “look-back method” set forth in 26 C.F.R. § 1.501(r)-5(b)(3).

Credit reporting agency: A person who, for fees, dues, or on a cooperative basis, regularly engages in whole or in part in the practice of assembling or evaluating information concerning a consumer’s credit or other information for the purpose of furnishing a credit report to another person.

Emergent Services: Those services that meet one of the two following criteria:

- Emergency medical services provided in an emergency room setting;
- Urgent services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

Federal Poverty Level: (FPL) The set minimum amount of gross income that a family (otherwise known as a Household) needs for food, clothing, transportation, shelter and other necessities as determined by the U.S. Department of Health and Human Services.

Health care provider: A person, partnership, corporation, facility, or institution licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual’s medical care, treatment, or confinement.

Health care services: means services for the diagnosis, prevention, treatment, cure, or relief of a physical, dental, behavioral, or mental health condition or substance use disorder, including procedures, products, devices, and medications.

Hospital: A hospital licensed pursuant to Vermont Statutes Annotated (VSA) chapter 43 of title 18 or an outpatient clinic or facility affiliated with or operating under the license of a hospital licensed pursuant to VSA chapter 43 of title 18.

Household income: Gross earnings, unemployment compensation, workers compensation, social security benefits, supplemental security income, public assistance, veteran's benefits, survivor benefits, pension or retirement, interest, dividends, rents, royalties, estate income, trusts, educational assistance,

alimony, annuities, and child support for a Household.

Household: All family members or cohabitants residing in the same home to include;

- Domestic partners, and any individual who is considered a dependent of either partner for federal income tax purposes, shall be treated as members of the same household;
- Married individuals who file federal income tax returns separately but could file jointly, and any individual who is considered a dependent of one or both spouses for federal income tax purposes, shall be treated as members of the same household;
- Married individuals who are living separately while their divorce is pending shall not be treated as members of the same household, regardless of whether they are filing federal income tax returns jointly or separately; and
- Individuals who are not required to file a federal income tax return, and for undocumented immigrants who have not filed a federal income tax return, shall be calculated as if they had filed a federal income tax return.

Liquid asset: An asset that is cash or can be easily converted to cash such as cash, checking and savings accounts, money markets, stocks, bonds, and certificates of deposit. For the purposes of determining financial assistance eligibility, liquid assets do not include the household's primary residence, vehicle, any 401(K) or individual retirement accounts, or any pension plans.

Medical creditor: means hospital to whom a consumer owes money for health care services.

Medical debt: means a debt arising from the receipt of health care services.

Medical debt collector: means an individual or entity that regularly collects or attempts to collect, directly or indirectly, medical debts originally owed or due, or asserted to be owed or due, to another individual or entity

Medically necessary health care services: means health care services, including diagnostic testing, preventive services, and after care, that are appropriate to the patient's diagnosis or condition in terms of type, amount, frequency, level, setting, and duration. Medically necessary care must:

- Be informed by generally accepted medical or scientific evidence and be consistent with generally accepted practice parameters as recognized by health care professions in the same specialties as typically provide the procedure or treatment, or diagnose or manage the medical condition;
- Be informed by the unique needs of each individual patient and each presenting situation; and
- Meet one or more of the following criteria:
 - to help restore or maintain the patient's health;
 - to prevent deterioration of or palliate the patient's condition; or
 - to prevent the reasonably likely onset of a health problem or detect an incipient problem.

Out-of-pocket cost: patient expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services

plus all costs for services that aren't covered.

Patient: The individual who receives or received health care services and shall include a parent if the patient is a minor or a legal guardian if the patient is a minor or adult under guardianship.

Vermont resident: An individual, regardless of citizenship and including undocumented immigrants, who resides in Vermont, is employed by a Vermont employer to deliver services for the employer in this State in the normal course of the employee's employment, or attends school in Vermont, or a combination of these. The term includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.

IV. PROCEDURE

PROVISION OF POLICY DOCUMENTS TO PATIENTS

In-Person: Free paper copies of this policy and the financial assistance application are available in the following locations:

- the patient reception area,
- the patient admissions area,
- the billing office, and
- the office where patient financial assistance services are provided.

We will offer a free copy of this policy to patients as part of their first visit or, in the case of services delivered at the hospital, during the intake and discharge processes.

By Phone: Patients can call (802) 257-8814 to request a free paper copy of this policy and the financial assistance application.

Online: This policy, the financial assistance application, and related materials are available online at bmhvt.org. Patients may also access these documents by signing into their patient portal at Bmhvt.org and navigating to 8814.

By Mail: Free copies of this policy and the financial assistance application are available, upon request, via mail. Individuals can request paper copies by writing to the following address:

Brattleboro Memorial Hospital
Financial Assistance Office
17 Belmont Avenue
Brattleboro, VT 05301

Translations: An individual can request an oral or written translation of the financial assistance policy (see "Language Access Rights" section below for details).

Plain Language Summary: We shall produce and make available a plain language summary of our financial assistance policy.

WHAT WE WILL DO BEFORE SEEKING PAYMENT FOR EMERGENCY OR MEDICALLY NECESSARY SERVICES

Before we seek any type of payment from a patient for emergency and/or medically necessary services, we will do at least the following:

- Determine whether the patient has insurance to cover the provided emergency and/or medically necessary services including, but not limited to, health insurance, automobile insurance, worker's compensation, or some other type of policy;
- If a patient is an undocumented immigrant, the patient's refusal to apply for public health insurance shall not be used as a reason to deny them financial assistance. For all patients, regardless of immigration status, the patient's refusal to apply for private health insurance shall not be used as a reason to deny them financial assistance.
- Offer to provide the patient with information about how to apply for health insurance and where they can get assistance with the application process;
- If available, we may use information in the hospital's possession to determine eligibility for patient financial assistance. For example, we may use:
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
 - Supplemental Security Income (SSI) eligibility;
 - Food Stamp eligibility;
 - Fuel assistance eligibility;
 - Participation in Women, Infants and Children programs (WIC); or
 - Patient is incarcerated with no health care coverage.
- Offer the patient a financial assistance application at no cost;
- Offer to provide the patient with assistance completing and submitting the financial assistance application at no cost.

HEALTHCARE SERVICE ELIGIBILITY

Eligibility for financial assistance will be considered for those individuals who are uninsured or underinsured and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of charity care shall be based on an individualized determination of financial need, and shall not take into account race, color, gender identity, religion, marital status, sexual orientation, age, immigration status, primary language, socioeconomic status, physical or mental disability, medical condition, genetic information, protected veteran status, or obligation for service in the armed forces.

Healthcare Services Eligible

The following services are eligible for financial assistance

- Emergency medical services provided in an emergency room setting;

- Urgent services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Elective medically necessary services for patients who meet established program guidelines.

Health care Services NOT eligible

The following services are eligible for financial assistance

- Cosmetic services unless medically necessary based upon physician review
 - Infertility/fertility services, e.g. vasectomies/reversals, tubal ligations/reversals, unless medically necessity documentation from physician is provided
- Hearing aids
- Independent Physician Therapy training
 - Services to residents outside of the financial eligibility area unless provided in an emergency room setting
- Services deemed not medically necessary
- Services reimbursed directly to the patient by an insurance carrier or third party.

PROVIDERS COVERAGE

All BMH employed medical providers rendering care at BMH and affiliated physician practices are covered under this policy. Some services provided by professionals not employed or contracted by BMH may not be covered under this policy. These services will be billed to you separately from BMH. A list of these professionals is attached to this FAP policy at the end. This list is subject to change.

PATIENT ELIGIBILITY

Brattleboro Memorial Hospital offers two types of financial assistance: general and catastrophic financial assistance.

- **General financial assistance:** A patient must meet three tests to be eligible for general financial assistance: (1) the residency test, (2) the general income test, and (3) liquid asset test. For emergent services only, out of state applicants are eligible for assistance if they meet eligibility (2) and (3).
- **Catastrophic financial assistance:** A patient must meet three tests to be eligible for catastrophic financial assistance: (1) the residency test and (2) the catastrophic income test, and (3) the liquid asset test.

Residency test: To be eligible for general or catastrophic financial assistance, a patient must, at the time services are rendered, be a Vermont resident as defined in the “Definitions” section of this policy and copied here unless the visit to BMH was for emergent services:

“Vermont resident” means an individual, regardless of citizenship and including undocumented immigrants, who resides in Vermont, is employed by a Vermont employer

to deliver services for the employer in this State in the normal course of the employee's employment, or attends school in Vermont, or a combination of these. The term includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.

There is no durational requirement for Vermont residency. It is irrelevant how long the patient has been a Vermont resident, and BMH explicitly recognizes that persons with unstable housing can be Vermont residents (even if they just moved to Vermont).

Proof of residency may be established by one of the following:

State driver's license, tax bill with area address, lease for service area property or a service area utility bill, school ID, or for those that have unstable housing – a signed attestation.

Liquid Assets Test: To be eligible for general or catastrophic financial assistance, a patient must not exceed xx% in liquid assets as defined in the "Definitions" sections and repeated here:

"Liquid Asset" is an asset that is cash or can be easily converted to cash such as cash, checking and savings accounts, money markets, stocks, bonds, and certificates of deposit. For the purposes of determining financial assistance eligibility, liquid assets do not include the household's primary residence, vehicle, any 401(K) or individual retirement accounts, or any pension plans.

General financial assistance income test: To be eligible for general financial assistance, a patient's household income must be equal to or less than 400% of the Federal Poverty Level (FPL). To determine the applicant's FPL, BMH shall use the "Household Income" definition in the "Definitions" section of this policy, which also contains guidance on determining household size. See also the "Application Processing" section of this policy below for further guidance. The applicable FPL standard shall be for the year in which services were or are rendered.

Catastrophic financial assistance income test: To be eligible for catastrophic financial assistance, a patient's household income must be equal to or less than 600% FPL. To determine the applicant's FPL, BMH shall use the "Household Income" definition in the "Definitions" section of this policy, which also contains guidance on determining household size. See also the "Application Processing" section of this policy below for further guidance. The applicable FPL standard shall be for the year in which services were or are rendered.

2026 Federal Assistance Income Guideline Grid

Maximum Earnings						
Household Size (Add \$5,680 for each additional person)	100%	Up to 250%	>250% to 300%	>300% to 350%	>350% to 400%	Catastrophic Only >400% to 600%
1	\$15,960	\$39,900	\$47,880	\$55,860	\$63,840	\$95,760
2	\$21,640	\$54,100	\$64,920	\$75,740	\$86,560	\$129,840
3	\$27,320	\$68,300	\$81,960	\$95,620	\$109,280	\$163,920
4	\$33,000	\$82,500	\$99,000	\$115,500	\$132,000	\$198,000
5	\$38,680	\$96,700	\$116,040	\$135,380	\$154,720	\$232,080
6	\$44,360	\$110,900	\$133,080	\$155,260	\$177,440	\$266,160
% of Financial Assistance Awarded		100%	75%	50%	40%	*

*Discounted bill(s) will not exceed 20% of the patient's annual income

ELIGIBILITY PERIOD

A patient shall be deemed eligible for patient financial assistance for six months from the date on which they were initially found eligible for patient financial assistance. The need for patient financial assistance shall be re-evaluated at every six months to maintain eligibility. If there is a lapse in financial assistance coverage, the patient will begin anew – and the application period begins on date of first statement as stated in the application period. Note: It is permissible for patients to submit new supporting financial documentation to an initial or subsequent application that supports eligibility changes.

It is preferred but not required that a request for financial assistance and a determination of eligibility occur prior to the provision of services. However, an application may be submitted at any point in the billing cycle and prior to a charge being levied so long as there is a reasonable expectation that services will be rendered.

BMH will make reasonable efforts to notify patients about the financial assistance program. Paper copies are available upon request, without charge, by mail, E-mail or in person at any of BMH's locations. Applications can also be found on the facilities website at: bmhvt.org

APPLICATION PERIOD

BMH will process applications submitted by individuals during the application period. BMH shall

process completed applications within 30 days of receipt. The application period begins on the date a billing statement for the patient balance of care is first presented and ends 240 days later. If an account has been referred to a collection agency and an application is received and granted within the 240-day application period, accounts shall be recalled from the agency and processed under the financial assistance program. The patient has up to 240 days after the receipt of the first billing statement (application period) to submit a complete application including the required documentation.

The approval period will last six months (180 days) after approval date and may apply retroactively to a maximum of 240 days.

DOCUMENTATION

Residency

BMH will may ask an applicant to provide proof of residency though a signed financial assistance application will be considered sufficient attestation that the applicant meets the definition of Vermont residency included in this policy. For those that do not reside in Vermont and received emergent services, this requirement shall be waived.

Income

A patient must provide proof of income along with their financial assistance application. A patient may provide their most recent state or federal income tax return, or in lieu of submitting a tax return, they may provide paystubs, documentation of public assistance, or other documentation accepted as valid documentation of income by the Vermont Department of Health Access, such as a bank statement, profit and loss statement, letter from an employer, or self-attestation in extenuating circumstances in which no other documentation is available.

Liquid Asset

A patient must provide three months of bank statements and investment statements (if applicable). If the patient does not have a bank account, a signed document stating that fact must be provided.

Note: Patients who are undocumented immigrants shall be given the option to submit other documentation of household income, such as a profit and loss statement, in lieu of a state or federal income tax return.

BMH does not require any other source of income verification aside from the documentation listed above.

BMH may rely on other evidence of eligibility but will not require a patient to provide any forms of documentation that are not listed in this policy.

BMH may presumptively deem a patient eligible for financial assistance based on information in the hospital's possession. We will not use information in our possession to presumptively deny an application.

We may waive documentation requirements at our discretion. Please call (802) 257-8814 to request a

waiver or indicate this request on the financial assistance application.

APPLICATION PROCESSING

Determining household income

Regardless of what type of income documentation the applicant submits, BMH shall calculate household income using the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R. § 1.36B-1 & 2e.

This is the applicant's "modified adjusted gross income" (MAGI), defined at 26 CFR § 1.36B-1(e)(1) - (2), and summarized by the Internal Revenue Service and Vermont's Act 119:

Modified adjusted gross income is the adjusted gross income on your federal income tax return plus any excluded foreign income, nontaxable Social Security benefits (including tier 1 railroad retirement benefits), and tax-exempt interest received or accrued during the taxable year. It does not include Supplemental Security Income (SSI), worker's compensation, child support income, or alimony payments (if settlement was from or after 2019), food stamps or other public assistance sources.

BMH shall calculate the household size in accordance with the guidelines set forth in the definition of "Household Income" (see "Definitions" section above).

Asset Test

BMH will need to confirm that the applicant does not have liquid assets that exceed 400% of FPL. Liquid assets include: bank accounts and investment accounts. It does not include the household's primary residence, 401(k) accounts, individual retirement accounts, or pension plans.

Financial Assistance Amount

Patients eligible for general or catastrophic financial assistance shall receive the discounts detailed below based on the federal poverty level (FPL) of the applicant's household.

General financial assistance amount

Insured patients: Insured patients shall have a discount applied to their out-of-pocket expenses.

- For insured patients whose household income is at or below 250% of FPL, we will waive (i.e., 100% discount) all out-of-pocket costs for emergency and medically necessary services rendered (i.e., the care is free).
- For insured patients whose household income is between 250% FPL and 300% FPL, we will discount their out-of-pocket costs by 75%.
- For insured patients whose household income is between 300% and 350% FPL, we will discount their out-of-pocket costs by 50%.

- For insured patients whose household income is between 350% and 400% FPL, we will discount their out-of-pocket costs by 40%.

Uninsured patients: Uninsured patients who are eligible for financial assistance shall have the IRS 501(r) applied to the amount generally billed for the emergency and medically necessary services rendered. The financial assistance discount will be applied to the balance after the IRS 501(r) discount was applied.

- For uninsured patients whose household income is at or below 250% of FPL, we will waive (i.e., 100% discount) the balance on the account for emergency and medically necessary services rendered (i.e., the care is free).
- For uninsured patients whose household income is between 250% FPL and 300% FPL, we will discount the remaining balance by 75%.
- For uninsured patients whose household income is between 300% and 350% FPL, we will discount the remaining balance by 50%.
- For uninsured patients whose household income is between 350% and 400% FPL, we will discount the remaining balance by 40%.

Catastrophic financial assistance amount

Uninsured or insured patients: If the total amount owed for emergency and medically necessary services rendered exceeds 20% of the household income, then the amount owed shall be reduced so that it is equal to 20% of the patient's household's income.

In instances where a patient is eligible for both catastrophic and general financial assistance, we shall give the patient the larger of the two amounts of assistance.

In no case shall a patient who is eligible for catastrophic or general financial assistance be charged monthly payments of more than 5% of their household's gross monthly income for services rendered.

In no case shall a patient who is eligible for catastrophic or general financial assistance be charged interest on the amount owed for services or be charged any prepayment or early payment penalty or fee on the medical debt owed.

In no event will the amount from which the financial assistance discount is taken be more than the amount generally billed for uninsured patients. Similarly, for insured patients, in no event will the amount from which the financial assistance discount is taken be more than the charge allowed by the patient's insurance carrier.

Decision Timeline & Content

The Patient Financial Advocate will issue a written decision to the applicant no later than 30 calendar days after receiving the financial assistance application.

Additionally, the written decision will contain the following:

- If the patient's application is incomplete, the Patient Financial Advocate will notify the applicant of this fact and specify what information is needed to complete the application.
- If the patient's application is approved, the Patient Financial Advocate will include the amount of assistance provided, the basis for the calculation of the amount owed, and a revised bill. If the patient continues to owe a balance after financial assistance has been applied, the billing and customer service vendor or a medical debt collector seeking payment for that medical debt, shall offer a payment plan that does not exceed five percent of the patient's gross monthly household income.
- If the patient's application is denied, the Patient Financial Advocate will notify the patient that they have a right to appeal the decision and must clearly indicate the reason for the denial.

All cases will be processed by the Patient Financial Advocate and signed off by the Director of Patient Financial Services.

Extenuating Circumstances

BMH acknowledges that extenuating circumstances may exist in which a patient's income exceeds program eligibility guidelines. Cases that do not meet established program guidelines but are due to an unusual or unanticipated circumstance which warrants special consideration will be reviewed on a case-by-case basis by the Patient Financial Advocate and the Director of Patient Financial Services. In some circumstances approval by the CFO may be needed.

Language Access Rights

BMH is committed to ensuring that patients whose primary language is not English can effectively communicate with us. We provide free language services to persons whose primary language is not English. This includes qualified interpreters and written information in non-English languages. BMH also used a language translation application ("app") on an ipad to connect to an interpreter. If you need these services, please contact us at 802-257-8814 or email us at FinancialAssistance@bmhvt.org.

BMH is committed to providing free aids and services to deaf people and persons with disabilities to communicate effectively with us. For assistance, please contact us at 802-257-8814 or email us at FinancialAssistance@bmhvt.org.

Although contacting us at the phone number provided above is preferred, requests related to a disability can be made at any time, to any staff member, and in any form.

Appeal Rights

A patient has 60 days following the receipt of a written financial assistance decision to appeal the decision.

The appeal should be submitted to the Patient Financial Advocate and will be reviewed by the

Director of Patient Financial Services. The Patient Financial Advocate shall inform the patient no later than 60 days after receipt of the appeal as to whether the appeal was approved or denied.

Complaints

If you have concerns or complaints about our financial assistance program, please contact our office at: (802)-257-8814 or FinancialAssistance@bmhvt.org.

If we are unable to resolve your complaint, you may contact the Vermont Office of the Attorney General which is named as the enforcement entity under Vermont Act 119 of 2022: (802)-828-3171 or <https://ago.vermont.gov>.

If you would like to talk to a Health Care Advocate about your concerns, you may contact the Office of the Health Care Advocate (HCA). The HCA is a free resource available to help all Vermonters solve problems related to health care. It is not an insurance company and is not part of Vermont state government. You can contact them at: 1-800-917-7787 or hca@vtlegalaid.org.

Communication of the Charity Program to Patients and the Public:

Notification about the financial assistance program available at BMH, shall include a contact number, shall be disseminated by BMH by various means, which may include, but are not limited to:

- Reference to the program is printed on the front and back side of each patient statement.
- Posting notices in the emergency rooms and in the admitting and registration departments.
- Notices posted outside the Financial Assistance Advocates office.
- By providing copies of the policy and application upon request.
- For inpatient, observation and short stay patients, case managers will help by referring patients to the Financial Assistance Advocate.
- Information shall be available on the BMH website, including the policy, the application, FPLG guidelines and contact information for follow-up assistance.
- Referral of patients for financial assistance may be made by any member of the BMH staff, including physicians, nurses, social workers, case managers, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- Notify and inform members of the community served by the facility about the financial assistance policy in a manner reasonably calculated to reach the members of the community who are most likely to need financial assistance, including members who are non-native English speakers.

These efforts will include:

- Providing information, business cards and flyers to health, social services, and other community organizations that regularly interact with potential patients;
- Conduct community outreach activities.

Patient Billing or Collection Statements

All billing statements, whether sent by this hospital or a medical debt collector, shall include a conspicuous written statement that some patients may be eligible for financial assistance. This statement shall include the telephone number a patient can call to obtain more information about our policy and the application process. It shall also include the web address where this policy, the financial assistance application, and the plain language summary are posted.

All oral or written communication attempts by a medical creditor or a medical debt collector, including Brattleboro Memorial Hospital, to collect a medical debt arising from health care services delivered at this facility shall include information about our financial assistance policy.

Questions

Individuals can direct questions about the financial assistance policy to the Financial Assistance Office located in the main lobby of the hospital. The office can be reached via telephone 802-257-8814, via email at FinancialAssistance@bmhvt.org or in-person at the office.

V. RESPONSIBILITIES

Policy Review

This financial assistance policy shall be reviewed, updated and approved by the hospital's governing body at least once every three years.

Medical Bill Collections

Our full medical billing and collections policies are detailed in our Billing & Collections Policy available at <https://www.bmhvt.org>.

All billing statements, whether sent by us or a medical debt collector, shall include a conspicuous written statement that some patients may be eligible for financial assistance. Further, such statements shall include both the telephone number a patient can call to obtain more information about financial assistance and the specific web addresses where the financial assistance policy, the financial application, and plain language summary are posted.

- All oral or written communication from us or a medical debt collector shall include information about our financial assistance policy.
- We do not sell any medical debt.

Authorization Levels

Any adjustments performed manually with the initial application approval, notifications and approvals must conform to the thresholds on a case basis (the applicant and/or family members is considered a case):

0 - \$10,000 Financial Assistance Specialist
\$10,001 - \$25,000 Manager Patient Financial Services
\$25,001 - \$100,000 Director / AVP Revenue Cycle
\$100,001 - \$250,000 CFO
>\$250,000 CFO and CEO

These thresholds are established so that appropriate financial impact can be discussed and/or planned for by the accounting department.

REFERENCES

1. 42 CFR 413.89 Bad Debts, Charity and Courtesy Allowances, Medicare Provider Reimbursement Manual, CMS Pub 15 Part I, Ch. 14, 304-326
2. Patient Protection & Affordable Care Act, Internal Revenue Code Section 9007(a) Pub. L No. 111-148
3. Healthcare Education Affordability Reconciliation Act, 2010, (H.R. 4872) Pub. L No. 111-152, Amendment to Pub. L No. 111-148, Section 501(r) (5)
4. Federal Poverty Guidelines 2026. [detailed-guidelines-2026.pdf](#)
5. Federal Register, Vol. 77 No. 123
6. Internal Revenue Code Section 501 (r) and Treasury Regulation 1.501(r) et seq.

List of Addresses for the Hospital and Medical Practices

<u>Location</u>	<u>Address</u>	<u>Town</u>	<u>ST</u>	<u>Zip</u>	<u>Phone:</u>
Brattleboro Memorial Hospital	17 Belmont Avenue	Brattleboro	VT	05301	(802) 257-8814
BMH Orthopedics & Sports Medicine	17 Belmont Avenue Richards Building-1st Floor	Brattleboro	VT	05301	(802) 251-8611
BMH Urology	17 Belmont Ave Richards Bld – 2cnd Floor	Brattleboro	VT	05301	(802) 251-8720
Brattleboro Family Medicine	21 Belmont Ave Gannett Building	Brattleboro	VT	05301	(802) 251-8455

Brattleboro General Surgery	19 Belmont Ave Suite 1202 MOB	Brattleboro	VT	05301	(802) 251-8650
Four Seasons OBGYN & Midwifery	17 Belmont Ave Ronald Read Pavillion	Brattleboro	VT	05301	(802) 251-9965
Center for Cardiovascular Health	17 Belmont Ave Ronald Read Building	Brattleboro	VT	05301	(802) 275-3699
Maplewood Family Practice	63 Belmont Street	Brattleboro	VT	05301	(802) 254-1311
Post Acute Care Services	21 Belmont Ave Gannett Building	Brattleboro	VT	05301	(802) 257-8847
Putney Family Healthcare	79 Main Street	Putney	VT	05346	(802) 387-5581
Brattleboro Podiatry	19 Belmont Ave	Brattleboro	VT	05301	(802) 257-3190
Windham Family Practice	21 Belmont Avenue Gannett Building	Brattleboro	VT	05301	(802) 251-8665

Providers Included in the BMH FAP

In addition to Brattleboro Memorial Hospital, professional services from the following providers are covered under the BMH FAP.

BlueWater Health

BMH Orthopedics & Sports Medicine

BMH Urology

Brattleboro Family Medicine

Brattleboro General Surgery

Brattleboro Podiatry

Brattleboro Internal Medicine

Four Seasons OB/GYN

Center for Cardiovascular Health

Center for Wound Healing

Maplewood Family Practice

Emergency Medicine

Orthopedics

Urology

Family Medicine

General Surgery

Podiatry

Internal Medicine

Obstetrics & Gynecology

Cardiology

Wound Care

Family Medicine

Post-Acute Care Services

Putney Family Healthcare

Windham Family Practice

Family Medicine

Family Medicine

Providers Excluded from the BMH FAP

*Services provided at BMH by the following providers are **NOT** covered under the BMH FAP. These services may be billed to you separately and are excluded from BMH's Financial Assistance Program.*

Anesthesiology Associates of Brattleboro

Integrity Anesthesia Solutions

Austin Family Eye Care

Brattleboro Primary Care

Dartmouth Hitchcock Medical Center

Connecticut Valley Oral Surgery Associates

Deerfield Valley Dental Care

Windham County Dental Center

Brattleboro Area Ophthalmology

Pioneer Spine & Sport Physicians

Southern Vermont Podiatry

West Brattleboro Family

Individual Providers:

John Glick, MD

George Idelkope, MD

Rebecca Jones, MD

Margaret Ferry, MD

Jeffry Potash, MD

Dierdre Donaldson, MD

Robert Austin, MD

David Terrell, MD, Ph.D.

Craig Goldberg, MD

David Liebow, DPM

Kimberly Liebow, DPM

Todd Dombrowski, MD

Dana McGinn, MD

Heidi Newkirk, DPM

Donald Wilson, MD

Robert Ruhl, DMD

James Nickerson, MD

Internal Medicine & Endocrinology

Family Medicine – Hinsdale Family Health Center

Dermatology

Endocrinology

Gastroenterology

Neurology

Ophthalmology

Ophthalmology

Osteopathic Medicine

Podiatry

Podiatry

Rheumatology

Ophthalmology

Podiatry

ENT

Dentist

Oncology