

Rochester Regional Health recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Rochester Regional Health's Financial Assistance Program can help you apply for free or low-cost insurance if you qualify. In addition, Rochester Regional Health provides discounts to qualifying patients based on their income. Please contact the Patient Financial Services Financial Counseling office at (585) 922-1001 for free, confidential assistance.

Q. When can I apply for assistance?

A. Patients can submit Financial Assistance Program applications prior to or on the day their care is provided up until the 240th day after the first post-discharge billing statement is provided.

Q. How do I apply for assistance?

A. Applications are available to download here: <http://www.rochesterregionalhealth.org/billing-insurance/> or contact Rochester Regional Health's Patient Financial Services Customer Service Team at (585)-922-1900 to have an application mailed to you. Applications can be returned to: Rochester Regional Health, Attn: Financial Assistance, 100 Kings Highway S, Rochester, NY 14617.

Q. How is eligibility determined?

A. Patients applying for Financial Assistance Discounts may first be screened for Medicaid eligibility. If a patient appears to be qualified for Medicaid insurance, the Financial Case Manager, who can be reached at (585) 922-1001, may assist in submitting an application for this public insurance program.

If a patient is not eligible for Medicaid or is already insured, Financial Assistance Discounts may still be available. The Financial Assistance Program application must be completed and submitted with documentation, including full and accurate household financial information. Please include pay stubs and/or any bank account balances.

Q. What are the income limits to qualify for discounts?

A. The amount of the discount varies based on your income and the size of your family. If you have no health insurance, these are the income limits based on 400% of the Federal Poverty Guidelines to qualify for discounts:

Family Size	Gross Annual Family Income	Gross Weekly Family Income
1	Up to \$47,520	Up to \$914
2	Up to \$64,080	Up to \$1,232
3	Up to \$80,640	Up to \$1,551
4	Up to \$97,200	Up to \$1,869
5	Up to \$113,760	Up to \$2,188
6	Up to \$130,320	Up to \$2,506
7	Up to \$146,920	Up to \$2,825
8	Up to \$163,560	Up to \$3,145

For those with limited health insurance coverage, discounts may also be available where income is up to 250% of the Federal Poverty Guidelines.

Q. Are there limits to eligibility based on residency?

A. Financial Assistance Discounts are available for uninsured and underinsured patients who reside in New York State. Rochester Regional Health will use discretion on a case by case basis to process financial assistance for all non-NYS resident patients.

Q. What providers and services are covered under this program?

A. This Program covers Hospital and Employed Physician services that are determined to be Medically Necessary by a Physician; including both inpatient and outpatient services. "Medically Necessary" means those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endanger life, or result in illness or infirmity.

The Financial Assistance Program does *not* cover custodial level of care inpatient services, cosmetic services, convenience items, such as television, telephone and special request private room charges, or any services billed by non-employed physicians and providers performing services in the hospital, which will be billed separately. For a list of Rochester Regional Health's non-employed physicians that provide services in the hospitals, visit the website at www.rochesterregionalhealth.org/billing-insurance and see the Contracted Physicians section.

Q. What happens after I apply for a discount?

A. Once a completed application is received, you will be notified in writing of a decision within 30 days. You could be notified of the following discount levels:

- 100% discount approval;
- Partial discount approval: If approved and have household income between 201-400% of the Federal Poverty Guidelines may receive a sliding scale discount; however, you will not be charged more than the average amount that the hospital would receive from Medicare (referred to as the Amount Generally Billed);
- No discount approved: a denial is based on the information you provide. A denial will explain why you are not eligible.

Q. If I'm responsible for a balance, may I make payment arrangements?

A. Payment plans may be established for patients who qualify for a partial Financial Assistance Discount or who have been denied a discount. Monthly payments will be capped at 10% of gross monthly income of the patient's defined household in accordance with NYS Public Health Law 2807-k.

Q. What if I receive a bill while I'm waiting to hear if I can get a discount?

A. You will not be required to pay your bill while your application for a discount is being considered. You may request reconsideration or an appeal of a Financial Assistance determination / denial if additional information is available that would change their status as outlined in the Financial Assistance eligibility guidelines.

Q. Can someone explain the discount? Can someone help me apply?

A. Yes, free, confidential help is available. For help in English or your own language, please call the Patient Financial Counseling office at (585) 922-1001 for assistance.

Once the screening process has been completed, a representative can tell you if an application for insurance should be submitted, based on the information that you provide. If the representative finds that you don't qualify for free or low-cost insurance, they can assist you with applying for Financial Assistance Discounts. A representative can assist you with filling out the forms and can tell you what documents you will need to provide to complete your application.

Q. What if I have a problem I cannot resolve with the hospital?

A. You may call the New York State Department of Health complaint hotline at 1-800-804-5447.