Policy

Cheshire Medical Center/Dartmouth-Hitchcock Keene (*CMC/D-HK*) will provide care for emergency medical conditions and medically necessary services to individuals who live in our service area despite their ability to pay or eligibility for financial or government assistance regardless of age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

CMC/D-HK provides financial assistance to persons who have healthcare needs and are uninsured, underinsured, or ineligible for a government program or are otherwise unable to pay for medically necessary care or emergency medical conditions based on their individual financial situation.

Patients are expected to cooperate with *CMC/D-HK* procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their ability to pay. Individuals who can purchase health insurance are encouraged to do so to ensure access to healthcare services that benefit their overall health as well as provide protection for their personal assets.

CMC/D-HK will make reasonable efforts to determine whether a patient is eligible for financial assistance before pursuing collection actions.

How do you apply?

- Complete a financial assistance application with required documentation.

- Work with our financial counselor to be sure there are no other payment options.

- You can apply at any point during your care at *CMC/D-HK*. However, we strongly encourage applications to be completed prior to appointments.

CMC/D-HK will accept your NH Health Access Network Card.

How can you qualify?

- You must be a resident of NH or VT or a non-resident who experiences a medical emergency, and

- You don't have insurance or have a high out of pocket responsibility, are not eligible for any government health care benefit program, or are unable to pay for your care due to financial hardship, and

- Your services are medically necessary, or

- You have a NH Health Access Network Card; or

- You meet established charity care guidelines *(see back page for federal poverty guidelines)*

When will you know if you are approved?

You will receive a letter in 30 to 45 days after your application is completed.

What happens if you are denied or not approved for 100%?

If you don't agree with why you were denied or received partial approval for financial assistance, you may send a letter within 30-days of the denial that states why you don't agree. If your application is denied or approved for anything less than 100%, further instructions and a mailing address will be sent to you.

Uninsured Discount

Patients without insurance cannot be charged any more than amounts generally billed to people who have insurance covering the same care. *CMC/D-HK* applies a discount against gross charges to all balances where there is no insurance, resulting in a balance which the patient is expected to pay. The discount is based on the top three negotiated commercial insurance company rates. This discount is applied prior to billing the patient and prior to applying any financial assistance adjustments. This discount does not apply to any co-payments, co-insurance, deductible amounts, pre-payment or package services which already reflect any required discount or to services classified as non-covered by all insurance companies.

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Amount of Financial Assistance

The amount of financial assistance you receive is based upon your total assets and income compared to the federal poverty guidelines. For example, patients whose family income is at or below 225% of the Federal Poverty Level (FPL) are eligible to receive free care. Patients whose family income falls between 226% and 300% of the FPL are eligible to receive reductions in their balance.

For more details:

(A) please visit our website: *www.cheshire-med.com*

(B) or email us at: patient.accounts@cheshire-med.com

(C) or contact Patient Financial Services at:

(603) 354-5454 ext. 4444

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Financial Assistance Policy

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Dartmouth-Hitchcock Keene