

NEWYORK – PRESBYTERIAN HOSPITAL

FINANCIAL AID POLICY SUMMARY

NewYork-Presbyterian Hospital has a long-standing policy to assist patients who receive health care services at our hospital and are in need of financial aid, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliation.

IF YOU HAVE A FINANCIAL OBLIGATION TO NEW YORK – PRESBYTERIAN HOSPITAL (HOSPITAL), AND BELIEVE YOU CANNOT AFFORD TO PAY, NYPH HAS A FINANCIAL AID POLICY WHICH CAN ASSIST QUALIFIED PATIENTS.

HOW DO I KNOW IF I QUALIFY FOR FINANCIAL AID?

- Residents of New York State may qualify for Financial Aid for medically necessary emergency services. Residents of Hospital's primary service area may qualify for Financial Aid for medically necessary non-emergency services.
- For NewYork-Presbyterian/Columbia (including Morgan Stanley Children's Hospital of NewYork-Presbyterian), NewYork-Presbyterian/Weill Cornell, NewYork-Presbyterian/Lower Manhattan and NewYork-Presbyterian/Allen, the primary service area consists of the five boroughs (counties) of New York City.
- For NewYork-Presbyterian/Westchester, the primary service area consists of the following counties: Westchester, Bronx, Orange, Putnam and Rockland.
- Patients who meet the above criteria and have incomes below the amounts shown below may be eligible for Financial Aid.

PERSONS IN FAMILY OR HOUSEHOLD	INCOME (EFF. 2/1/2021)
1	\$77,280
2	\$104,520
3	\$131,760
4	\$159,000
FOR EACH ADDITIONAL PERSON, ADD:	\$27,240

- Financial Aid eligibility generally will be determined upon completion of a Financial Aid application.
- This Policy does NOT apply to the charges of physicians or other providers who bill independently for their services. Hospital's ACN (clinic) providers ARE covered by the Financial Aid Policy.

WHAT KIND OF ASSISTANCE CAN I GET?

- Hospital will not charge patients eligible for its Financial Aid program more than amounts generally billed (AGB), to individuals who have insurance for emergency or other medically necessary care. For all other care, an eligible individual may not be charged more than Hospital's gross charges. The Hospital calculates the AGB using the prospective method, and bases that rate on current New York State fee-for-service Medicaid rates.
- An installment payment plan will be made available to eligible patients.
- Once your application has been submitted, you may disregard any bills until we have rendered a decision on that application.

HOW CAN I APPLY OR GET ANSWERS TO MY QUESTIONS?

- The Financial Aid Policy, Summary, and application are available at our Admitting Offices or on our website at www.nyp.org under the Pay My Bill/Financial Aid button in English and other languages
- Information regarding eligibility for Financial Aid and the application process is available from the Admitting Offices or by calling us toll-free at (866) 252-0101

Patient's Name _____ Date of Birth _____
 Last First Middle Init.

Address _____
 Number and Street, Apt. # City State Zip

Telephone No. (____) _____ Occupation _____ Employer _____

Employer Address _____ Employer Tel # _____

Type of Income	Total Last 3 Months	Total Last 12 Months
Wages		
Self-employment Earnings		
Public Assistance		
Social Security		
Unemployment/Workers' Compensation		
Alimony		
Child Support		
Pensions		
Income From Dividends		
Total		

[illegible]

NewYork-Presbyterian Hospital Patient Financial Services
100 Jericho Quadrangle, Suite 202
Jericho, NY 11753
Att: George Plunkett
Or FAX to : (516) 801-8504