

Financial Assistance and Charity Care Policy

In the spirit of our mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Trinity Health is committed to providing health-care services to all patients based on medical necessity.

For patients who require financial assistance or who are experiencing temporary financial hardship, Trinity Health offers several assistance and payment options, including charity and discounted care, short term and long-term payment plans and online patient portal payment capabilities.

Uninsured Patients

Trinity Health extends discounts to all uninsured patients who receive medically necessary services. Uninsured discount amounts are based on Federal Poverty Level (FPL) guidelines. Patient statements will show the discount amount and the adjusted balance owed.

Services such as cosmetic procedures, hearing aids and eye care that normally are not covered by insurance are priced at package rates with no additional discount. All payments are expected at the time of service.

Short-Term and Long-Term Payment Plans

Patients who cannot pay some or all of their financial responsibility may qualify for short term or long-term payment plans. Trinity Health's short-term payment plan is interest free and patient balances must be paid within 90 days. Longer-term interest-bearing payment plans are available for those patients who cannot pay their balances within 1 year.

Financial Assistance / Charity Care Policy

A 100 percent discount for medically necessary services is available to patients who earn 200 percent or less of the Federal Poverty Level guidelines. Elective services such as cosmetic surgery is not included in our charity program. Those who earn between 201 and 250 percent of the Federal Poverty Level guidelines may be eligible for a partial discount equal to 50% of the Medicare discount rate. Those who earn between 251 and 400 percent of the Federal Poverty Level guidelines may be eligible for a partial discount equal to the Medicare discount rate. Patients who qualify for financial assistance will not be charged more than the Medicare discount rate.

Patient copays and deductibles may be eligible for discounted rates if a patient qualifies for financial assistance and earns less than 200 percent of the Federal Poverty Level Guidelines.

Discounts are also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient's medical expenses for an episode of care exceed 20% of their income. In these cases, patient copays and deductibles may also be included in the discount.

Charity care discounts may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan or Medicaid eligibility and refuse or are unwilling to apply.

To apply for financial assistance, please complete and submit the **application** found on this webpage (<http://www.sjhsyr.org/financial-assistance>). A complete version of the Trinity Health Financial Assistance Policy is also available on this webpage.

Patient Financial Services

Financial counselors are available to work with patients in completing financial assistance applications in order to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans.

Patients may contact a financial counselor at Financial Counseling Unit by calling 315-448-5775, where someone can assist in determining qualifications for financial assistance. Free copies of the Financial Assistance Policy, Application, and Plain Language Summary may be requested by mail to St. Joseph's Hospital Patient Access Department 301 Prospect Ave. Syracuse N.Y. 13203. The Financial Assistance Policy, Application and Plain Language Summary is translated into the following languages: Spanish and Nepali

The Health Insurance Marketplace

The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance, access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income. Beginning October 1, 2013, you will be able to shop at a new online Health Insurance Marketplace, also known as a health insurance exchange, where you can one-stop-shop for a plan that fits your budget and coverage needs. Open enrollment for the Health Insurance Exchange marketplace is anticipated each November.