

**BON SECOURS CHARITY HEALTH SYSTEM
CHARITY CARE/FINANCIAL AID POLICY INFORMATION PLAIN LANGUAGE SUMMARY**

The Mission of Bon Secours Charity Health System (BSCHS) is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay. If you do not have health insurance, we can help you. You may qualify for financial assistance through a government-sponsored program or through the Bon Secours Financial Assistance Program. Our staff and/or representatives are available to help you with the application process for either of these programs.

The Bon Secours Charity Health System includes three area hospitals:

- Bon Secours Community Hospital, 160 East Main St., Port Jervis, NY 12771
- Good Samaritan Hospital, 255 Lafayette Ave. (Route 59) Suffern, NY 10901
- St. Anthony Community Hospital, 15 Maple Avenue, Warwick, NY 10990

Financial assistance is available for patients with limited income and no health insurance. Although Bon Secours Charity Health System primary service area as defined above and everyone in New York State who needs medically necessary services can receive care and get a discount if they meet certain income limits. The amount of the discount varies based on your income and the size of your family. Do not be afraid to apply – you may qualify even if you work or own a home or car. You may also apply for a discount regardless of immigration status. Discounted or free care starts at 500% of the federal poverty guidelines.

Persons in Family Unit	48 Contiguous US States and D.C. Income Level	Level I	Level II		Level III		Level IV
		<= 250% of the Federal Poverty Level (FPL) 100%	Between 251% - 350% of FPL The Lower of 50% Discount of Total Charges or the Medicare		Between 351% - 500% of FPL The Lower of 30% Discount of Total Charges or the Medicare FFS Rate*		OOP > 20% of Income 60% Discount
		250%	251%	350%	351%	500%	>500%
1	\$12,140	\$30,350	\$30,351	\$42,490	\$42,491	\$60,700	Family Income multiplied by 20% to determine maximum out-of-pocket expense to be incurred. Once reached, then the lower of 60% discount of total or the Medicare FFS Rate*
2	\$16,460	\$41,150	\$41,151	\$57,610	\$57,611	\$82,300	
3	\$20,780	\$51,950	\$51,951	\$72,730	\$72,731	\$103,900	
4	\$25,100	\$62,750	\$62,751	\$87,850	\$87,851	\$125,500	
5	\$29,420	\$73,550	\$73,551	\$102,970	\$102,971	\$147,100	
6	\$33,740	\$84,350	\$84,351	\$118,090	\$118,091	\$168,700	
7	\$38,060	\$95,150	\$95,151	\$133,210	\$133,211	\$190,300	
8	\$42,380	\$105,950	\$105,951	\$148,330	\$148,331	\$211,900	
Ea. Addtl	\$4,320	\$10,800	\$10,801	\$15,120	\$15,121	\$21,600	

* The Medicare FFS Rate for the services provided is the AGB (the amount generally billed to individuals who have insurance covering the care) in accordance with Section 501(r) of the Internal Revenue Code

All medically necessary hospital services, including preventative care, are covered under the financial assistance program. This includes outpatient services, inpatient care, and emergency services.

This Financial Assistance Policy applies only to the three BSCHS Hospitals listed above. Any other physicians, providers or provider Groups, including the emergency room physicians or the Bon Secours Medical Group are not covered under this policy. You may call your provider directly if you have any questions about their policies.

How do I get free information about the Financial Assistance / Charity Care Program? What do I need to do to apply for the program?

We will help you complete an easy application and will let you know of a few documents that may be needed (photo identification, pay stubs, etc.). If you, your family members, or friends do not speak English, someone will assist you in your own language. This document, the Financial Aid Policy and Financial Aid Application is available in Yiddish, Spanish, and Creole

The Financial Representatives can also tell you if you qualify for free or low-cost health insurance such as Medicaid, Child Health Plus and Family Health Plus. If the Financial Representatives finds that you do not qualify for free or low-cost insurance, he or she will help you apply for a charity discount.

Free copies of our Financial Aid Policy and Financial Aid Application and information about a patient's eligibility for Charity Care/Financial Assistance as well as help with the application process is available in the hospitals' Emergency Department and the hospitals' registration/admitting areas at the hospital's addresses listed **above**. Information is also available the hospitals' websites at

- [HTTP://BSCHS.BONSECOURS.COM/BSCH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX](http://BSCHS.BONSECOURS.COM/BSCH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX)
- [HTTP://BSCHS.BONSECOURS.COM/SACH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX](http://BSCHS.BONSECOURS.COM/SACH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX)
- [HTTP://WWW.GOODSAMHOSP.ORG/GSH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX](http://WWW.GOODSAMHOSP.ORG/GSH/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE.ASPX)

You may also contact representatives knowledgeable about the Charity Care/Financial Assistance program and receive a free copy of our Financial Aid Policy and Financial Aid Application by calling or writing the Bon Secours Charity Financial Assistance Program at phone number or address below:

APPLICANTS MUST SUBMIT ALL REQUIRED DOCUMENTS IN THE SAME MAILING TO:

Bon Secours Charity Financial Assistance Program
400 Rella Blvd.
Suite 308
Montebello, NY 10901
Charity Care/Financial Assistant: Toll free (866) 534-6702
Customer Service Center: Toll free (844) 419-2701

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

You can call the New York State Department of Health at 1-800-804-5447. Eligibility for Charity Care/Financial Assistance will be determined upon completion of a Charity Care/Financial Assistance application.