



## **Community Memorial Hospital**

### **Financial Assistance Policy – Plain Language Summary**

Community Memorial Hospital provides emergency care and medically necessary health services without regard to a patient's ability to pay.

**Eligible Services:** Financial Assistance is available for eligible patients to help defray the cost of these services. Emergency Care means those services that are delivered in the Emergency Department. Medically Necessary Services are those services that are necessary to prevent, diagnose, or treat conditions that cause acute suffering, endanger life, or result in illness or infirmity. Financial Assistance is **not available** for Swing Bed Services. The primary service areas covered by our Financial Assistance Program are the counties of Chenango, Cortland, Madison, Oneida, Onondaga, Oswego and Otsego, in addition to all residents of New York State. Financial Assistance is also available to eligible patients to decrease the cost of deductibles, coinsurance, and co-payments, with the exception of services provided in the hospital based physician primary care offices.

**Eligible Patients:** Patients receiving eligible services, who submit a completed Financial Assistance Application, and who are determined eligible by the Community Memorial Hospital Financial Counseling Office.

**How to Apply:** Applications for Financial Assistance may be obtained as follows:

- Obtain an application in person at Community Memorial Hospital Registration or Financial Counseling Office, online at <http://www.communitymemorial.org/financial-assistance/>, request by mail by calling 315 824 6553 or send request in writing to Community Memorial Hospital, 150 Broad Street, Hamilton NY 13346.
- Return completed applications with required proof of income to Community Memorial Hospital, Attention: Financial Counseling Department, 150 Broad Street, Hamilton, NY 13346.

Determination of Financial Assistance Eligibility – Generally, patients are eligible for financial assistance based on their household income levels, as compared to the federal poverty guidelines. Assistance ranges from 100% write-off of charges to the Hospital's "**Amounts Generally Billed**" or "**AGB.**" **AGB** means the amounts generally billed to insured individuals and is calculated based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the associated gross charges for those claims. See <http://www.communitymemorial.org/financial-assistance/> for applications, a copy of CMH's full Financial Assistance Policy, and other helpful links.