

Financial Assistance Program Summary

Helen Hayes Hospital (HHH) is committed to providing several forms of financial assistance, also known as Charity Care (CC) to qualified uninsured or underinsured patients who received medical services at HHH and reside in the HHH primary service area (PSA), which includes New York State counties of Rockland, Orange, Putnam and Westchester. Financial assistance includes a range of benefits from free care, stratified discounted care, payment plans, to assistance with insurance obligations. Consistent with our mission and State and Federal requirements, HHH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. You cannot be denied care because you need financial assistance. You may apply for a discount regardless of immigration status.

Patients seeking CC must apply for the program. To be eligible for the program, the applicant's income must meet the Federal Poverty Guidelines below and you must complete an application with all supporting documentation. The list of supporting documentation can be found on the HHH website with the application. You may also obtain an application by contacting us directly at (845)786-4786. You can contact PFS with any concerns or questions you may have and someone will assist you in all steps.

Helen Hayes Hospital Discounted Guideline Chart

The following charts summarize Helen Hayes Hospital's Financial Assistance/Charity Care Program income requirements for free or discounted Medical Care Services. Helen Hayes Hospital's Charity Care Program is based on up to 300% of the Federal Poverty Income as established by the Department of Health and Human Services.

Requirements for Free Medical Care:

Size of Family	Family Income Equal or Less Than
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

For family units with more than 8 members, add \$10,760 for each additional member.

Requirements for 80% Discounted Medical Care Services:

Size of Family	Family Income Equal or Less Than
1	\$33,885
2	\$45,990
3	\$58,095
4	\$70,200
5	\$82,305
6	\$94,410
7	\$106,515
8	\$118,620

For family units with more than 8 members, add \$12,105 for each additional member.

Requirements for 60% Discounted Medical Care Services:

Size of Family	Family Income Equal or Less Than
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450
6	\$104,900
7	\$118,350
8	\$131,800

For family units with more than 8 members, add \$13,450 for each additional member.

Requirements for 40% Discounted Medical Care Services:

Size of Family	Family Income Equal or Less Than
1	\$41,415
2	\$56,210
3	\$71,005
4	\$85,800
5	\$100,595
6	\$115,390
7	\$130,185
8	\$144,980

For family units with more than 8 members, add \$14,795 for each additional member.

Requirements for 20% Discounted Medical Care Services:

Size of Family	Family Income Equal or Less Than
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
8	\$158,160

For family units with more than 8 members, add \$16,140 for each additional member.

People with incomes greater than the 20% discounted requirements are not eligible for our CC program. If you cannot pay your bill, and do not meet the income requirements, a payment plan may be available to you. The amount you pay on a monthly basis will be established with you by contacting PFS and will be determined based on qualifying factors. All medically necessary services provided by HHH are covered by the above discounts. This includes outpatient and inpatient admissions. Charges from private doctors may not be covered. You should talk to your private doctors to see if they offer a discount or payment plan. You will find detailed directions and a detailed list of required documentation attached to the application.

As soon as your application and documentation is received, it will be processed and you will receive a response within 30 days. If further information is needed, we will contact you. You can apply for the program before you have an appointment, when you get care, or when you receive a bill from HHH. You may apply for the program up to 120 days from time of your last treatment at HHH. You can appeal a denial for CC by writing us back with your reasons for reconsideration and supporting documentation. An appeal should be received within 30 days of you receiving a denial. You may reference all CC Policies & Procedures on the HHH website in which full details are further defined for reference.

Applications and Appeals should be mailed to:

Helen Hayes hospital
Patient Financial Services, Building 22
51-55 North Route 9W
West Haverstraw, New York 10993

If you need to contact us for assistance at any time, please call 845-786-4786.