



**FINANCIAL ASSISTANCE POLICY NUVANCE**  
**HEALTH HOSPITALS**

**Effective: 7/1/21**

**I. POLICY**

**A. Background:** Nuvance Health (“Nuvance”) is a not for profit, tax-exempt entity committed to advancing the health and well-being of its communities by providing high quality and cost-effective health care services. Consistent with this mission, Nuvance is committed to providing financial assistance to enable the receipt of medically necessary treatment and emergency medical care from Nuvance’s hospitals regardless of the ability to pay. This Financial Assistance Policy (“Policy” or “FAP”) shall apply to inpatient and outpatient care provided by the following Nuvance hospitals (each, a “Hospital” and collectively the “Hospitals”):

- Danbury Hospital (including its New Milford Hospital campus)
- Norwalk Hospital
- Sharon Hospital
- Vassar Brothers Medical Center
- Putnam Hospital Center
- Northern Dutchess Hospital

This Policy applies to the Hospitals and their employees but does not apply to all providers who may render services to patients within the Hospitals. A list of providers who furnish emergency and medically necessary care within the Hospitals, with information on whether such providers are covered by this Policy, is attached to the Policy as Appendix 1.

**B. Covered Services:** In furtherance of its charitable mission, Nuvance provides financial assistance, including without limitation, free or discounted care (“Financial Assistance”) to eligible patients receiving emergency medical treatment and other medically necessary treatment (as determined in accordance with the generally accepted standards of medicine in the community) in accordance with this Policy. This Policy excludes services that are not medically necessary, such as elective cosmetic procedures, private rooms or private nurses, and elective services provided for convenience.

**C. Intent:** Nuvance regularly reviews this Policy to ensure that at all times it: (i) reflects the philosophy and mission of Nuvance; (ii) explains the process for obtaining Financial Assistance; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of Financial Assistance to eligible patients, including, without limitation, Section 501(r) of the Internal Revenue Code of 1986, as



amended, and the Treasury Regulations issued thereunder. In the event that applicable laws, rules or regulations are changed, supplemented or clarified through interpretative guidance, Nuvance will modify this Policy and its practices accordingly, and will implement this Policy in accordance with applicable laws, rules, regulations and guidance governing the Hospitals. To the extent there is any inconsistency between this Policy and the applicable laws, rules, and regulations, this Policy should be interpreted in such a manner as to be compliant with the applicable laws, rules, and regulations.

**D.** Nuvance maintains a separate Credit & Collections Policy, a free copy of which can be obtained by contacting **Patient Financial Services at (203) 730-5800**. The Credit & Collections Policy sets forth the actions and timing of such actions that may be taken in the event of non-payment of amounts determined to be patient responsibility under this Policy. As noted below, Nuvance will not initiate collection actions against a patient before allowing the patient to apply for Financial Assistance (or while such an application is pending).

**E.** Patients, family members or others who have any questions regarding this Policy or other Nuvance policies concerning discounts and payments for care can contact Nuvance's Financial Counseling Department at:

- Danbury Hospital: (203) 739-7773  
24 Hospital Avenue, Danbury, CT 06810  
5th floor Tower Lobby Business Unit (Walk-In Mon-Fri, 9 a.m. – 4 p.m.)
- Norwalk Hospital: (203) 852-1579  
34 Maple Street, Norwalk, CT 06856  
1st floor Trefz Lobby (Walk-In Mon-Fri, 9 a.m. – 4 p.m.)
- New Milford Hospital: (860) 210-5427  
21 Elm Street, New Milford, CT 06776
- Sharon Hospital: (860) 364-4275  
50 Hospital Hill Road, Sharon, CT 06069  
1st Floor (Walk-In Mon-Fri, 8 a.m. – 4:30 p.m.)
- Vassar Brothers Medical Center: (845) 431-5693  
45 Reade Place, Poughkeepsie, NY 12601  
2nd Floor Community Circle (Walk-In Mon-Fri, 8:30 a.m. – 5 p.m.)
- Putnam Hospital Center: (845) 279-5711, x4789  
670 Stoneleigh Avenue, Carmel Hamlet, NY 10512  
1st Floor Lobby (Walk-In, Mon-Fri 7:30 am – 4 p.m.)
- Northern Dutchess Hospital: (845) 871-4347 6511 Spring Brook Avenue,  
Rhinebeck, NY 12572  
Main Lobby (Walk-In, Mon-Fri 8 a.m. – 4 p.m.)



This Policy, the Plain Language Summary of this Policy, and Nuvance’s Credit & Collections Policy are also available online at:

[WWW.NUVANCEHEALTH.ORG/FINANCIALASSISTANCE](http://WWW.NUVANCEHEALTH.ORG/FINANCIALASSISTANCE)

**II. ELIGIBILITY AND DETERMINATION OF FINANCIAL ASSISTANCE**

**A. Eligibility:** A patient may be eligible for Financial Assistance if the patient: (i) has limited or no health insurance; (ii) is ineligible for government medical assistance programs (for example, Medicaid); or (iii) is otherwise unable to pay for care based on the patient’s individual financial circumstances (including due to potential medical hardship). In order to obtain Financial Assistance, a patient must cooperate with Nuvance to provide the requested information and financial documentation, demonstrate “financial need” based on the FAP criteria, including **Exhibit 1**, and exhaust all third-party payment possibilities reasonably available to the patient. In determining a patient’s individual financial circumstances, consideration may be given by Nuvance to the existence of substantial medical debt, plan deductible requirements, and additional documentation regarding assets and living expenses may be requested in accordance with this Policy (provided that Nuvance will not consider as assets a patient’s primary residence, amounts held in tax-deferred or comparable retirement savings accounts, college savings accounts, or cars used regularly by the patient or immediate family members). For the avoidance of doubt, Nuvance’s New York Hospitals will not scrutinize or take an individual’s assets (i.e., other than the current forms of income described in II(B) below) into account in rendering a decision regarding the availability of Financial Assistance where prohibited by state law, and Nuvance’s Connecticut Hospitals will only scrutinize or take an individual’s assets into account if doing so could allow the individual to become eligible for, or increase the amount of, financial assistance under the Policy. For purposes of this Policy, the term “patient” is used with regard to the patient or the applicable payment source for the patient’s care (e.g., parent, guardian, spouse, or other responsible party), and references to “income” shall refer to family income except as otherwise stated.

**B. Financial Need:** A patient will be deemed to have financial need based on the then-current Federal Poverty Guidelines (“FPG”) issued by the U.S. Department of Health & Human Services. The table below sets forth the income requirements and the corresponding discount on the charges for services rendered by Nuvance. Income includes salaries and wages, fees received, damages or other payable awards from legal judgments, unemployment compensation, worker’s compensation, dividends, interest checks, and other recurrent sources of income as documented by patients in accordance with this Policy.

PATIENT FAMILY INCOME	DISCOUNT
At or Below 300% of the FPG	100% or Free Care



Above 300% to 350% of the FPG	75% Discount
Above 350% to 400% of the FPG	<p>AGB Discount Amounts Generally Billed</p> <p><b>(% Varies Annually for each Hospital-see Exhibit 1 for Details)</b></p>

**C. Calculation of Amounts to Be Billed:** In no event will a patient who is eligible for Financial Assistance under this Policy be charged for emergency and medically necessary care more than the amounts generally billed (“AGB”) by each Hospital to individuals who have insurance covering such emergency or medically necessary care, and with regard to all other medical care, an amount equal to or more than the gross charges for such care. Nuvance calculates AGB using the “Look Back Method” based on commercial and Medicare fee-for-service rates. The net amount to be billed to a patient qualifying for financial assistance hereunder will be determined by (i) calculating the gross charges for services rendered to the patient, and (ii) applying the appropriate discount (as determined pursuant to the above and Exhibit 1).

Notwithstanding the foregoing, however, Nuvance may extend discounts or specific pricing to FAP-eligible patients meeting specific criteria in either Connecticut or New York based on applicable laws and regulations in those states, including as follows:

**New York**

Patients with income at or below 100% of the FPG are eligible to receive emergency and medically necessary health care services at no charge or at the nominal payment level for specific services defined by the New York Department of Health.

**Connecticut**

Pursuant to Conn. Gen. Stat. § 19a-673, a Hospital in Connecticut will not charge an Uninsured (as defined under that law) Hospital patient whose income (alone, without regard to available assets) is at or below 250% of the FPG more than the Hospital’s cost of providing services to the patient (calculated as the Hospital’s published charges at the time of billing, multiplied by the Hospital’s cost to charge ratio reported to the Office of Health Strategy in the Hospital’s most recently available annual financial filing).



**D. Presumptive Eligibility:** Hospital patients with incomes at or below 300% of the FPG shall be deemed presumptively eligible for Financial Assistance under this Policy. Where a patient’s circumstances indicate that the patient may be eligible for Financial Assistance hereunder, but a Hospital does not have access to sufficient financial documentation or information regarding the patient to make a determination of FAPeligibility, Nuvance may rely on a prior determination of eligibility for Financial Assistance, third party sources or self-reported information concerning a patient’s life circumstances to make a determination of presumptive eligibility for Financial Assistance, including without limitation where a patient is homeless, the subject of a court-approved bankruptcy, or deceased with no spouse or estate. Such third party sources may include without limitation health care industry software programs that incorporate public record data to calculate a socio-economic and financial capacity score which in turn can be used to assess eligibility for Financial Assistance.

**E. Non-Discrimination:** Nuvance will not take into account race, gender, age, sexual orientation, religious affiliation, disability, nationality, social or immigrant status, medical condition (other than typical limitations or exclusions based on medical necessity or the clinical/therapeutic benefit of a procedure or treatment), or veteran status when providing health care or when making eligibility determinations under this Policy.

### **III. PROCEDURES AND OBLIGATIONS FOR OBTAINING FINANCIAL ASSISTANCE**

**A. Notice to Patients:** All patients will be informed of the availability of Financial Assistance pursuant to this Policy.

**B. Patient Assistance:** Nuvance’s Financial Counseling Department will assist patients in enrolling in federal and state governmental assistance programs, including, but not limited to the Health Care Exchange Programs. Trained financial counselors and other personnel may be contacted for help completing the Application for Financial Assistance or with any other materials required by Nuvance under this Policy:

- Danbury Hospital: (203) 739-7773
- Norwalk Hospital: (203) 852-1579
- New Milford Hospital: (860) 210-5427
- Sharon Hospital: (860) 364-4275
- Vassar Brothers Medical Center: (845) 431-5693
- Putnam Hospital Center: (845) 279-5711, x4789
- Northern Dutchess Hospital: (845) 871-4347

**C. Timing of Determinations:** Nuvance will attempt to make a FAP-eligibility determination during pre-registration or prior to discharge. However, **a patient**



**may request consideration at any time following discharge or the date of service, and Nuvance will evaluate a patient's eligibility under this Policy as requested, up to and including consideration during the collections and judgment phase.** Patients are encouraged to contact Nuvance's Financial Counseling Department if their circumstances change or if additional need is identified. Nuvance's Financial Counselors will review all information provided and relevant circumstances bearing on the need for Financial Assistance, will make a determination of eligibility, and will notify the patient of his/her financial obligations, if any, as set forth below.

**D. Administrative Procedures:**

1. Hospital staff will immediately forward to Nuvance financial counselors a copy of the pre-admission record for any patient who has no insurance. Financial counselors will contact the patient to schedule a financial interview as soon as is practicable but ideally before admission for a non-emergent, medically necessary service, and prior to discharge or release for an emergency admission or outpatient service. For emergency services, Nuvance will not delay screening or treatment of an emergency medical condition to conduct this financial interview or for any other reason related to this Policy. Each Hospital shall fully comply with its obligations under the Emergency Medical Treatment and Active Labor Act ("EMTALA") in treating patients that present with an emergency medical condition (as defined under EMTALA). To determine whether a patient is eligible for Financial Assistance, the patient will be required to complete the Patient Financial Worksheet (see **Exhibits 2-CT** and **2-NY**). The Worksheet will be made readily available to patients through methods including (without limitation) posting on the Hospital's website, distribution at the Hospitals' Patient Registration and Admissions areas and the Patient Financial Counseling offices, and inclusion in the informational binders provided in patient rooms.

2. Patients must return the Worksheet to the financial counselor in the self-addressed stamped envelope provided by a Hospital within twenty (20) days after being provided the Worksheet. If a patient fails to timely supply required information, Nuvance will deem the patient's application inactive and will not award Financial Assistance unless the patient is otherwise determined eligible (provided that a patient will have an opportunity to re-open an inactive application, re-apply for Financial Assistance, appeal a denial by Nuvance, and patients can provide additional information to support a request for Financial Assistance at any time). Patients are obligated to cooperate and provide all information needed in a timely manner. Nuvance will make reasonable efforts to offer and provide assistance to patients in connection with the completion of the Worksheet. However, if assistance is needed in gathering necessary information or materials requested as part of the Financial Assistance qualifying process, financial counselors are available to assist patients with assessing their financial situations, gathering information requested by Nuvance, and assisting with similar tasks:

□ Danbury Hospital:

(203) 739-7773



- Norwalk Hospital: (203) 852-1579
- New Milford Hospital: (860) 210-5427
- Sharon Hospital: (860) 364-4275
- Vassar Brothers Medical Center: (845) 431-5693
- Putnam Hospital Center: (845) 279-5711, x4789
- Northern Dutchess Hospital: (845) 871-4347

3. As part of the financial interview process, financial counselors will request the following documentation in order to process and validate Financial Assistance applications:

<b>Required Supporting Documentation</b>	<b>Examples of Acceptable Documentation</b>
Confirmation of Annual Income	Most Recent Federal Income Tax Return (optional, and cannot be required of a New York patient) Last 4 weekly pay stubs or last 2 biweekly pay stubs Most recent Form W-2 or 1099-MISC Social Security Award Letter Unemployment Statement Worker’s Compensation Award Letter V.A. Benefits Letter or Statement
Verification of Social Security Number and/or Date of Birth	Driver’s License State Issued Identification Card Passport Social Security Card Birth Certificate Baptismal Certificate Military Discharge Papers Permanent Resident Alien Card (Green Card) Certified School Records





Verification of Residency	Mortgage Statement Rental Agreement/Lease Tax Bill Room & Board Statement Utility Bill Written Verification from Landlord
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- E. The Supporting Documentation listed above is required from patients seeking Financial Assistance. However, Nuvance in its discretion may waive the requirement to provide some or all documentation depending upon the circumstances and the patient’s ability to obtain documentation. Nuvance may rely on documentation received from credit organizations or other outside entities, including its community partners, in determining a patient’s eligibility for Financial Assistance.
- F. Patients have an obligation to provide information reasonably requested by Nuvance in a timely manner to allow Nuvance to make a determination of a patient’s eligibility for Financial Assistance. **If a patient claims that the patient has no means to pay but fails to provide the information reasonably requested by Nuvance, and the patient does not otherwise meet the criteria for a presumptive eligibility determination, no Financial Assistance will be provided, and normal collection efforts may be pursued in Nuvance’s sole discretion in accordance with the Credit and Collections Policy.**

G. Eligibility and Notification Process:

1. Upon receipt of a Patient Financial Worksheet, the Financial Counseling Department will review the patient’s application to determine that it is complete, including all required documentation. If it is not complete, the application will be returned to the patient for completion. If Nuvance returns an incomplete application to a patient, the financial counselor will attempt to contact that patient by telephone. If the counselor is able to reach the patient by telephone, they will offer the patient an in-person or telephonic interview to determine such patient’s eligibility for Financial Assistance. If Nuvance is unable to reach the patient by telephone, or if there is no listed telephone number available, the financial counselor will send a letter to the patient that details what is needed and that explains to the patient that it is his/her responsibility to contact the Financial Counseling Department or otherwise provide the missing information within thirty (30) days of receiving the letter. Nuvance’s trained financial counselors will offer to meet with the patient to assist the patient in completing the application so that Nuvance has all of the necessary information to make a determination of the patient’s eligibility for Financial Assistance.





2. The Financial Counseling Department will complete the Financial Assistance Eligibility Determination Form attached as **Exhibit 3**, and will determine the amount the patient owes, if any. The Financial Counseling Department will inform the patient of his/her eligibility for Financial Assistance, and the amount of such Financial Assistance, within thirty (30) days of the determination.
  3. Any patient who provides all requested information and is denied under the Policy shall be entitled to appeal such decision in writing to the Financial Counseling Department. The denial letter shall include information detailing the appeal process available to the patient. Every appeal shall be assigned to a Financial Counseling Department supervisor for reconsideration. A written determination of an appeal shall be sent to the patient within thirty (30) days of receipt of the patient's written request for an appeal.
  4. A determination of eligibility under this Policy will be effective for one (1) year. Following such time period, patients continuing to require medically necessary services or those presenting for emergency medical treatment will be expected to re-apply or update their prior applications in accordance with this Policy, in order to permit Nuvance to make a new determination regarding the patient's continuing eligibility for Financial Assistance; provided, however, that in accordance with EMTALA no Hospital will delay, deny or limit any treatment of an emergency medical condition to determine FAP-eligibility.
- H.** Nuvance will not refer a patient to collection or otherwise initiate collections activities against a patient before allowing the patient to apply for Financial Assistance in accordance with this Policy, or while a patient's application for Financial Assistance is pending or under review by Nuvance.
- I.** Additional Community Financial Assistance Opportunities

In addition to the financial assistance processes set forth above, Nuvance may extend financial assistance in the form of discounts or free care to patients in specific circumstances as agreed to with community organizations to ensure continued access to care for vulnerable members of its community. For example and without limitation, Nuvance has special financial arrangements in place for patients referred by Americares for outpatient Hospital services, as well as with the Norwalk Community Health Center (for whose patients Nuvance will honor the Health Center's sliding fee scale in certain circumstances). Nuvance's Financial Counseling Department will provide additional information upon request regarding potential discounts or whether an arrangement with a community organization applies.



#### IV. COMMUNICATION

**A. Availability of Assistance:** Nuvance will communicate the availability of Financial Assistance to its patients and the general public through measures that include providing and posting copies of this Policy, a plain language summary of the Policy, the Financial Assistance application, appropriate signage and brochures on the Nuvance website and in its facilities; in each Hospital's Emergency Departments; in Patient Registration and Admissions areas; in the Patient Financial Counseling Departments; in other waiting areas throughout the Hospitals' premises (as may be reasonably workable and appropriate); in patient informational binders included in patient rooms; in discharge paperwork; and in bills and statements sent to patients. Nuvance shall further communicate to the public how to obtain copies of Policy, plain language summary, and Financial Assistance application by mail and for no charge. In addition, this Policy, the Plain Language Summary of this Policy, and Nuvance's Credit & Collections Policy are also available online at:

[WWW.NUVANCEHEALTH.ORG/FINANCIALASSISTANCE](http://WWW.NUVANCEHEALTH.ORG/FINANCIALASSISTANCE)

**B. Widely Available:** The Policy, and related documents (including the application Worksheet and a plain language summary) will be made available to patients and their families in English, Spanish, Portuguese, and any other non-English language spoken by at least 5% of the community served by the Hospital, or spoken by non-English speaking individuals comprising at least one percent of a Hospital's primary service area population or numbering at least 1,000. Other languages will be added as necessary in the event of changes to a Hospital's patient population. All such materials will include pertinent contact telephone numbers and/or e-mail addresses to permit patients to access appropriate resources for completion of the Worksheet and answers to any other questions they may have about the Nuvance Financial Assistance Policy.

#### V. DOCUMENTATION AND RECORDKEEPING

**A. Records:** The Financial Counseling Department will maintain all documentation of Financial Assistance within the Hospital's Financial Assistance file. The Financial Assistance file will include a cumulative total of Financial Assistance cases, together with supportive documentation. Supportive documentation will include, at a minimum, the following: (i) The number of applicants for free and reduced cost services; (ii) the number of approved applicants; (iii) the total and average charges and costs of the amount of free and reduced cost care provided; (iv) any other information required by, or necessarily to permit complete and accurate reporting under, applicable federal and state laws (including without limitation Conn. Gen. Stat. § 19a-673c, N.Y. Public Health Law § 2807-k(9), and I.R.C. §501(r)).

**B. Annual Review:** The Chief Financial Officer will review the status of the Financial Assistance program with the Chief Executive Officer, or his/her designee, on



a regular basis. The Chief Executive Officer or his/her designee will be responsible for presenting this Financial Assistance Policy to the Board of Directors at least annually. Such presentation will include a detailed statement on Nuvance's Financial Assistance Policy, the impact of the Policy on Nuvance operations and the level of need and benefits being conferred to the community under the Financial Assistance program.

**C.** Reporting: Information about the amount of Financial Assistance provided to Nuvance patients will be provided in accordance with federal and state laws and regulations.

**EXHIBIT 1**

**FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES Based on  
2021 Federal Poverty Guidelines\***

Family Size**	Federal Poverty Guidelines (2021)	At or Below 300% Federal Poverty Guidelines (100% write-off)	>300% - 350% Poverty Guidelines (75% write-off)	>350% to 400% Poverty Guidelines (AGB Discount)***
1	\$12,880	\$0 to \$38,640	\$38,641 to \$45,080	\$45,081 to \$51,520
2	\$17,420	\$0 to \$52,260	\$52,261 to \$60,970	\$60,971 to \$69,680
3	\$21,960	\$0 to \$65,880	\$65,881 to \$76,860	\$76,861 to \$87,840
4	\$26,500	\$0 to \$79,500	\$79,501 to \$92,750	\$92,751 to \$106,000
5	\$31,040	\$0 to \$93,120	\$93,121 to \$108,640	\$108,641 to \$124,160
6	\$35,580	\$0 to \$106,740	\$106,741 to \$124,530	\$124,531 to \$142,320
7	\$40,120	\$0 to \$120,360	\$120,361 to \$140,420	\$140,421 to \$160,480
8	\$44,660	\$0 to \$133,980	\$133,981 to \$156,310	\$156,311 to \$178,640

**\* This Exhibit shall be updated from time to time to reflect the most current FPGs issued by the U.S. Department of Health and Human Services.**

**\*\* For family units with more than 8 members, to determine the federal poverty guideline base figure, add \$4,540.00 for each additional member.**

**\*\*\* The AGB Discount varies by Hospital:**

- Danbury Hospital: 59.89%
- Norwalk Hospital: 61.86%
- New Milford Hospital: 59.89%
- Sharon Hospital: 55.53%
- Vassar Brothers Medical Center: 56.70%
- Putnam Hospital Center: 58.83%
- Northern Dutchess Hospital: 53.34%

**EXHIBIT 2-CT (Connecticut Hospitals)**  
**PATIENT/PAYMENT SOURCE FINANCIAL WORKSHEET**

**Patient Name:** \_\_\_\_\_  
**Household Size:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**1A Calculation of Available Income**

**Monthly Salary/Pension** \_\_\_\_\_ x 12 \_\_\_\_\_  
**Monthly SSI/VA** \_\_\_\_\_ x 12 \_\_\_\_\_  
**Income Total** \_\_\_\_\_ x 12 \_\_\_\_\_ (AA)

**1B Calculation of Monthly Expenses**

**Rent** \_\_\_\_\_  
**Electric** \_\_\_\_\_  
**Gas** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Water** \_\_\_\_\_  
**Car Payments** \_\_\_\_\_  
**Credit Cards** \_\_\_\_\_  
**Insurance** \_\_\_\_\_  
**Other** \_\_\_\_\_  
**Food (\$100.00 x dependents)** \_\_\_\_\_  
**Monthly Expense Total** \_\_\_\_\_  
**Expense Total** \_\_\_\_\_ x 12 \_\_\_\_\_ (BB)

**1C Eligible Income for Hospital Bills** \_\_\_\_\_ (CC)  
 (AA – BB) (If less than 0, enter 1)

**1D Estimate Hospital Billing to Patient** \_\_\_\_\_ (DD)

**1E Identification of Liquid Assets**

**Bank Accounts** \_\_\_\_\_  
**Bonds** \_\_\_\_\_  
**Stocks** \_\_\_\_\_  
**CD's** \_\_\_\_\_  
**Mutual Funds** \_\_\_\_\_  
**Liquid Asset Total** \_\_\_\_\_ (EE)

**1F Total Patient Due minus Liquid Assets (DD- EE)** \_\_\_\_\_ (FF)

**1G Eligible Income minus Patient due (CC-FF)** \_\_\_\_\_ (GG)

**Note: If GG is a negative number, then patient will have no financial responsibility.**

\_\_\_\_\_ I attest that the above information is correct.

\_\_\_\_\_ I attest that the Patient/Payment Source is unemployed and cannot provide employment documentation.

\_\_\_\_\_  
**Signature of Patient/Payment Source**

\_\_\_\_\_  
**Date**

**EXHIBIT 2-NY (New York Hospitals)**  
**PATIENT/PAYMENT SOURCE FINANCIAL WORKSHEET**

Patient Name: \_\_\_\_\_  
Household Size: \_\_\_\_\_

Account Number: \_\_\_\_\_

**1A Calculation of Available Income**

Monthly Salary/Pension \_\_\_\_\_ x 12 \_\_\_\_\_  
Monthly SSI/VA \_\_\_\_\_ x 12 \_\_\_\_\_  
Income Total \_\_\_\_\_ x 12 \_\_\_\_\_ (AA)

**1B Calculation of Monthly Expenses**

Rent \_\_\_\_\_  
Electric \_\_\_\_\_  
Gas \_\_\_\_\_  
Telephone \_\_\_\_\_  
Water \_\_\_\_\_  
Car Payments \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Insurance \_\_\_\_\_  
Other \_\_\_\_\_  
Food (\$100.00 x dependents) \_\_\_\_\_  
Monthly Expense Total \_\_\_\_\_  
Expense Total \_\_\_\_\_ x 12 \_\_\_\_\_ (BB)

**1C Eligible Income for Hospital Bills** \_\_\_\_\_ (CC)  
(AA – BB) (If less than 0, enter 1)

**1D Estimate Hospital Billing to Patient** \_\_\_\_\_ (DD)

**1E Eligible Income minus Patient due (CC-DD)** \_\_\_\_\_ (EE)

Note: If EE is a negative number, then patient will have no financial responsibility.

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\_\_\_\_\_ I attest that the above information is correct.

\_\_\_\_\_ I attest that the Patient/Payment Source is unemployed and cannot provide employment documentation.

\_\_\_\_\_  
Signature of Patient/Payment Source

\_\_\_\_\_  
Date



**EXHIBIT 3**

**FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION FORM**

Date: \_\_\_\_\_

Nuvance has conducted an eligibility determination for Financial Assistance for:

Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made.

\_\_\_\_\_ Your request for Financial Assistance has been denied because your income exceeds the threshold set forth in Nuvance's Financial Assistance Policy.

\_\_\_\_\_ Your request for Financial Assistance has been approved for services rendered on \_\_\_\_\_ . The entire balance will be treated as free care.

\_\_\_\_\_ Your request for Financial Assistance has been approved in accordance for services rendered on \_\_\_\_\_. You will receive a new billing(s) indicating your new reduced balance.

\_\_\_\_\_ You qualify for a discount on charges consistent with Nuvance's sliding scale. Please contact the phone number on your new adjusted bill for a payment plan on the balance (if needed).

\_\_\_\_\_ Your request has been denied for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other (please described in detail):

\_\_\_\_\_  
\_\_\_\_\_

If you have questions about this determination, please contact:

\_\_\_\_\_

at

\_\_\_\_\_, extension \_\_\_\_\_.