



Financial Assistance Summary

HealthAlliance recognizes that there are times when patients in need of care will have difficulty paying for the services provided. HealthAlliance’s Financial Assistance program provides discounts to qualifying individuals based on your income. In addition, we can help you apply for Medicaid assistance. Just contact our Call Center 845-334-2743 for free, confidential assistance.

Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes and no health insurance, or for those who have balances after insurance. Anyone can get a discount if they meet the income limits. You cannot be denied medically necessary care because you need financial assistance.

You may apply for a discount regardless of age, race, sex, creed, disability or national origin.

What are the income limits?

The amount of the discount varies based on your income and the size of your family. These are the annual income limits:

Family Size	HHS Poverty Income \$	% of Income		
		150%	200%	300%
1	12,060.00	18,090.00	24,120.00	36,180.00
2	16,240.00	24,360.00	32,480.00	48,720.00
3	20,420.00	30,630.00	40,840.00	61,260.00
4	24,600.00	36,900.00	49,200.00	73,800.00
5	28,780.00	43,170.00	57,560.00	86,340.00
6	32,960.00	49,440.00	65,920.00	98,880.00
7	37,140.00	55,710.00	74,280.00	111,420.00
8	41,320.00	61,980.00	82,640.00	123,960.00
% of Discount		100%	80%	50%

For families with more than eight members, add \$4,180 for each additional member.

What if I do not meet the income limits?

If you cannot pay your bill, HealthAlliance offers a 12-month, interest free payment plan regardless of income. Modified payment terms may be available, depending on income.

Can someone explain the discount? Can someone help me apply?

Yes, free, confidential help is available. Please contact our Call Center at (845)334-2743.

Our representatives can tell you if you qualify for the assistance program and can help you apply. Additionally, our representatives can screen for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus.

What do I need to apply for a discount?

You need documents showing family income, such as your last 4 pay stubs, or Social Security statement. Please see page 3 for a complete list of required documentation.

What services are covered?

All medically necessary services provided by HealthAlliance are covered by the discount. This includes outpatient services and emergency care. For inpatient admissions, if you have no insurance to cover your stay, you may qualify for Medicaid, and we will help you apply for Medicaid as well as applying for financial assistance. A representative will assist you with this process. Charges from *private doctors* who provide services in the hospital will not be covered under the HealthAlliance Policy. . You should talk to private doctors to see if they offer a discount or payment plan.

How much do I have to pay?

The amount you pay for covered services depends on your income. A representative will give you the details about your specific discount(s) once your application is processed.

You may be asked for a deposit at the time you schedule services. If you cannot afford to pay, you may complete a financial assistance application to obtain approval prior to the date of your scheduled service. If you qualify, a deposit will not be required.

How do I get the discount?

You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level.

You can apply for a discount at any time before **or within 240 days** of care. Send the completed form to:

HealthAlliance of the Hudson Valley
Attention: Patient Accounting Dept.
741 Grant Ave.
Lake Katrine NY 12449

How will I know if I was approved for the discount?

HealthAlliance will send you a letter within 30 days after completion and submission of documentation, telling you if you have been approved and the level of discount received.

What if I receive a bill while I'm waiting to hear if I can get a discount?

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

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

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.

REQUIRED DOCUMENTATION LIST

Proof of Identity (bring at least ONE from the list below)

- Passport
- Permanent Resident Alien Card (Green Card)
- Birth Certificate for all members in the family including children under 21 years old
- Employment Authorization Card
- Driver License or other State Issued ID
- Photo ID for Spouse / Common-Law Partners

Proof of Address / Residency – Home Address (bring at least TWO from the list below)

- Utility Bills
- Cell Phone Bills
- Cable Television Bill
- Rent Receipt, Copy of Lease, or Mortgage Papers
- Letter from Person You Reside With or Letter from Landlord (must be notarized)

Proof of Income (bring at least ONE from the list below)

- Last Four Weekly Pay Stubs or Two Biweekly Pay Stubs
- Letter from Employer on company letterhead, signed and dated, stating gross income
 - If no letterhead, bring a notarized letter from the employer
- Award Letter from Social Security Administration / Pension / Annuities
- Last Unemployment Benefit Check
- Letter of Support
 - If you are being wholly supported by someone else, bring a notarized letter from that person which states that they are supporting the patient in the absence of income
- If unemployed, explanation of support required
 - Please clarify in a letter how the patient is being supported (i.e. bank savings, etc)
- Income from Rental of Property, Room, etc.
- If applying for a child, please provide Documentation of Child Support Income
- VA Benefits or Worker's Compensation Income

Other

- Proof of College and or Technical School Attendance.