

# KINGSBROOK JEWISH MEDICAL CENTER

## **Financial Assistance Program Summary**

It is the policy of Kingsbrook Jewish Medical Center to provide comprehensive quality health care and medically essential services without regard to a patient's ability to pay or their immigration status. Kingsbrook Jewish Medical Center recognizes that there are times when patients in need of medical care may have difficulty paying for the services provided. Kingsbrook Jewish Medical Center's Financial Assistance Program provides discounts to qualifying individuals based on your income. In addition, we can help you apply for free or low-cost insurance if you qualify. Please contact our Financial Counselor's at (718) 604-5499 or go to the Admissions Department (Patient Access Services Department), Located in the Katz Building, First Floor for free, confidential assistance.

### **Who qualifies for a discount?**

Kingsbrook Jewish Medical Center has implemented a Financial Assistance Program which evaluates those who are underinsured, have exhausted their insurance benefits or are fully uninsured. Current clinic patients without adequate financial resources can receive care in our primary / specialty clinics for fee schedules based on their income and family size. A determination will be made if the patient is eligible for reduced fees. Non-Clinic patients seen in the Emergency Department, Inpatient, or for Outpatient Services can apply for assistance, based on financial need, through the Financial Assistance process in Patient Accounts, Patient Access Services/Financial Counseling or Ambulatory Care.

Everyone in New York State who needs emergency services can receive care and get a discount if they meet the income limits. Any individuals residing in Kingsbrook Jewish Medical Center's primary service area, which is defined as: East Flatbush, Flatbush, Canarsie, Flatlands, Bedford-Stuyvesant, Crown Heights and/or East New York (zip codes 11203, 11236, 11213, 11226, 11212, 11208, 11207, 11225, 11216), can get a discount on non-emergency, medically necessary services at Kingsbrook Jewish Medical Center if they meet the income limits. Kingsbrook Jewish Medical Center will never deny medically necessary care because you may need financial assistance. You may apply for a discount regardless of your immigration status.

### **What are the income limits?**

The amount of the discount varies based on your income and the size of your family. Kingsbrook Jewish Medical Center's Financial Assistance Program is based upon up to 300% of the January 2018 Department of Health and Human Services Federal Poverty Guidelines, as listed below.

Family Size	100% FEDERAL LEVEL		200%	225%	250%	275%	300%
			<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>1</b>	\$12,140		\$24,280	\$27,315	\$30,350	\$33,385	\$36,420
<b>2</b>	\$16,460		\$32,920	\$37,035	\$41,150	\$45,265	\$49,380
<b>3</b>	\$20,780		\$41,560	\$46,755	\$51,950	\$57,145	\$62,340
<b>4</b>	\$25,100		\$50,200	\$56,475	\$62,750	\$69,025	\$75,300
<b>5</b>	\$29,420		\$58,840	\$66,195	\$73,550	\$80,905	\$88,260
<b>6</b>	\$33,740		\$67,480	\$75,915	\$84,350	\$92,785	\$101,220
<b>7</b>	\$38,060		\$76,120	\$85,635	\$95,150	\$104,665	\$114,180
<b>8</b>	\$42,380		\$84,760	\$95,355	\$105,950	\$116,545	\$127,140
For each additional person, add \$4,060.	\$4,320		\$8,640	\$9,720	\$10,800	\$11,880	\$12,960

POVERTY LEVEL				PATIENT RESPONSIBILITY	
A	LESS THAN		200%	0% OF CHARGES	
B	200%	TO	225%	20% OF CHARGES	
C	225%	TO	250%	40% OF CHARGES	
D	250%	TO	275%	60% OF CHARGES	
E	275%	TO	300%	80% OF CHARGES	
F	OVER		300%	100% OF CHARGES	

CLINIC	HOSPITAL		SLIDING SCALE FEE				
VISIT	CHARGE		Excludes the NYS HCRA Surcharge of 9.63%				
			A	B	C	D	E
LEVEL 1							
LEVEL 2							
LEVEL 3							
LEVEL 4							
LEVEL 5							

*Kingsbrook Jewish Medical Center's Financial Assistance Program is based upon up to 300% of the January 2018 Department of Health & Human Services Federal Poverty Guidelines.*

## **KINGSBROOK JEWISH MEDICAL CENTER FINANCIAL ASSISTANCE / SLIDING SCALE QUALIFICATION GUIDELINE**

### **What if I do not meet the income limits?**

If you cannot pay your bill, Kingsbrook Jewish Medical Center offers an extended, interest-free, payment plan to those patients that meet the income limits. The amount of your payment installment depends on amount of your income and ability to pay.

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

Yes, free, confidential help is available. Please contact our Financial Counselor's at (718) 604-5499 or go to the Admissions Department (Patient Access Services Department, Located in the Katz Building, First Floor for free, confidential assistance. If you do not speak English, someone will help you in your own language.

The Financial Counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus.

If the Financial Counselor finds that you don't qualify for low-cost insurance or Medicaid, they will assist you in accessing the Medical Center's Financial Assistance program for any applicable discounts, including helping you with the appropriate forms and documentation requirements.

### **What do I need to apply for a discount?**

Patients are requested to provide the following documentation, as available or applicable, in order to be evaluated for Financial Assistance:

- Picture Identification
- Proof of Address (letter/bill mailed to the patient at their address)
- Income Tax 1040 (to verify dependents)
- Proof of income
  - Four (4) most recent pay stubs (and/or)
  - a letter from the patient's employer (and/or)
  - a statement from the patient stating income (and/or)
  - if the patient does not work, a letter from the person supporting them

[If you cannot provide any of these documents, please let us know so we can determine how to help you apply for financial assistance.](#)

### **What services are covered?**

All medically necessary services provided by Kingsbrook Jewish Medical Center are covered by the Financial Assistance Program. This includes outpatient services, emergency care and inpatient admissions.

Charges from **private doctors** who provide services in the hospital may not be covered by this program. 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 for outpatient service or the emergency room starts from \$54.00 to \$621.00, depending on your Financial Assistance qualification category. Our Financial Counselor will give you the details about your specific discount(s) once your application is processed.

**How do I get the discount?**

You have to fill out an 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 before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail.

Send the completed form and supporting documentation to our Financial Counselor's in the Patient Access Services (Admissions) Department or bring it to the Patient Access Services (Admissions) Department, located in the Katz Building, First Floor.

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

Kingsbrook Jewish Medical Center will send you a letter, within 30 business days, after receipt of your completed application and supporting documentation, telling you if you have been approved for Financial Assistance and the level of discount you are eligible for.

**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, Kingsbrook Jewish Medical Center will tell you why and 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.

**KINGSBROOK JEWISH MEDICAL CENTER**  
**FINANCIAL ASSISTANCE APPLICATION (FRONT)**

Application Date: \_\_\_\_\_ Patient # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Financial Class: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

<b><u>Expenses</u></b>	<b><u>Monthly</u></b>	<b><u>Income</u></b>	<b><u>Monthly</u></b>
Rent/Mortgage:	_____	Self:	_____
Fuel:	_____	Spouse:	_____
Gas/Electric:	_____	Other:	_____
Water/Sewer:	_____	Savings:	_____
Trash/Garbage:	_____	Cable:	_____
Phone:	_____	Installment Loan:	_____
Food:	_____	Car:	_____
Insurance/Life:	_____	Gas:	_____
Insurance/Hosp:	_____	Loans:	_____
Insurance/Auto:	_____	Med. Bills:	_____
Insurance/Home:	_____	Drugs:	_____
Other:	_____	Other:	_____
<b>TOTAL:</b>	_____	<b>TOTAL:</b>	_____

**INCOME TOTAL:** \_\_\_\_\_  
**EXPENSES TOTAL:** \_\_\_\_\_  
**LOANS TOTAL:** \_\_\_\_\_  
**PT MARGINAL HOUSEHOLD:** \_\_\_\_\_  
**# OF DEPENDENTS:** \_\_\_\_\_

I affirm that the above information is true, complete, and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**KINGSBROOK JEWISH MEDICAL CENTER**  
**FINANCIAL ASSISTANCE APPLICATION (BACK)**

If you have questions or need help completing this application, please contact our Financial Counselor's at (718) 604-5499 or go to the Admissions Department (Patient Access Services Department, Located in the Katz Building, First Floor for free, confidential assistance.

You do not have to make any payment to the hospital until the hospital sends you a letter with its decision on your application.

Please return this completed and signed form, along with all supporting documentation either in person or by mail to:

Financial Counseling Representative  
Kingsbrook Jewish Medical Center  
585 Schenectady Avenue  
Patient Access Services (Admissions) Department  
Katz Building – 1<sup>st</sup> Floor  
Brooklyn, NY 11203-1891