**Financial Assistance, C-210**

# POLICY:

The Brooklyn Hospital Center (TBHC) is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individuals financial situation.

Consistent with its mission TBHC is dedicated to providing outstanding health services, education, and research to keep the people of Brooklyn and greater New York healthy. TBHC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

# Definitions

For the purpose of this policy, the terms below are defined as follows:

**Financial Assistance:** The discount offered by TBHC to persons who cannot afford to pay for the care they received for emergency medical care or other medically necessary service based on this policy.

**Family:** A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income**: Includes wages, salary, unemployment compensation, Social Security payment, disability payment, workers comp, alimony, child support, dividend/interest, rental income, royalties, pension, retirement income and other miscellaneous sources.

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** Defined by patients whose paid medical expenses have exceeded 10% of their income in the last 12 months.

**Emergency Medical Care:** Healthcare services that a hospital or physician would provide to a patient exhibiting an emergency medical condition.

**Medically Necessary Services:** Healthcare services that a physician would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease or it’s symptoms and that are clinically appropriate and not primarily for the convenience of the patient or cosmetic.

# Procedures

In order to manage its resources responsibly and to allow TBHC to provide the appropriate level of Financial Assistance to persons in need, the following procedures and guidelines have been established for the provision of Financial Assistance in accordance with State and Federal regulations.

1. **Eligibility for Financial Assistance**: New York State residents are eligible for financial assistance if (a) they receive emergency medical care or other medically necessary services at TBHC and (b) are uninsured, underinsured, ineligible for Medicaid or other insurance programs and (c) meet the financial assistance guidelines related to this Policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigration status, sexual orientation or religious affiliation.
2. **Determination of Financial Need:** Financial Assistance will be considered upon submission of a completed application form and required documentation. The review will be based solely on family size and income as defined in this Policy. Patient’s assets such as car, house, etc. will not be considered. TBHC utilizes the NYS Uniform Financial Assistance Application for patient applying for assistance.
3. **Process of Applying for Financial Assistance:** Patients can apply for Financial Assistance by submitting an application to our Financial Assistance Unit via mail, in person or by telephone. An application is considered complete when all required documentation has been received. Patients are encouraged to apply for Financial Assistance within 90 days from service date, however TBHC will accept an application at any time patient has an outstanding balance. Once the patient has submitted an application the patient may disregard all bills until a determination has been made on the application. A decision will be made within 30 days of receipt of completed application. Written notification will be provided to patients for all Financial Assistance decision.
4. **Approval of Financial Assistance:** If a patient is deemed eligible for financial assistance all eligible outstanding balances will be updated based on the approved discount or waived. A Financial Assistance Award Letter will be provided to patient along with updated billing statements (if any). Please note that NYS Surcharge will be added to all amounts determined to be patient’s responsibility.
5. **Incomplete Financial Assistance Application:** TBHC will send written notification to patient of the additional information/documentation required to make a decision on the application. Patients should submit the additional information within 30 days of the notification.
6. **Appeals for Financial Assistance Determination:** If the patient is dissatisfied with the decision of the application an appeal can be submitted in writing within 30 days of the determination. A review of the appeal and a decision will be made within 30 days of the received appeal. Patient will not be billed during the appeal process. Patients may also call the New York State Department of Health at 518-402-6993 or 800-804-5447.
7. **Eligibility Period:** Approved financial assistance discounts will be effective for 1 year from the date of determination. After the termination period the patient will need to re-apply and provide updated documents. The patient however will still be responsible to report any change in circumstances including but not limited to income, residence or family size. The hospital reserves the rights to re-evaluate the eligibility of the patient if relevant information is obtained.
8. **Presumptive Financial Assistance Eligibility:** There are instances when a patient may receive financial assistance, but there is not a completed financial assistance form on file due to a lack of supporting documentation. TBHC may utilize soft credit inquiries and other available information to determine eligibility.
9. **Federal Poverty Levels:** TBHC will apply income eligibility guidelines for this policy on the Federal Poverty Levels (FPL) effective on the date of the application. These amounts can be found on <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. FPL will be updated yearly. Below is sample 2025 FPL chart.

 

1. **Payment Deposits**: Patients are not required to make payment deposits. Any deposit made by patient will be deducted from the patients discounted bill. If the patient qualifies for all charges to be waived a refund will be issued to patient.
2. **Payment Plans**: Requested Patient Payment Plans will not exceed 5% of patient’s income.
3. **Communication of Financial Assistance Availability and Policy**: TBHC will publicize this Policy; on Hospital Website at <https://www.tbh.org/visitor-information/billing/financial-assistance> along with the Financial Assistance application and the Plain Language Summary; offering notices via the registration/discharge process; posting signs in public areas such as waiting rooms, clinic areas, registration areas and other areas; notifying members of the community served by TBHC, via notices on billing statements.
4. **Relationship to Collection Policies:** TBHC has developed procedures for internal and external collection practices that take into account the extent to which the patient qualifies for Financial Assistance.
5. **Regulatory Requirements:** In implementing this Policy, TBHC's management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.