

Patient information

Financial Assistance

We are here to assist you.

Hartford HealthCare Commitment

Hartford HealthCare is committed to meeting your health care needs and treating you with compassion from the bedside to the billing office. We realize that most medical expenses are the result of unexpected illness or accidents and are difficult to budget for. As a courtesy and convenience to you, Hartford HealthCare has many ways that we can assist individuals who qualify for financial assistance.

Consistent with our mission, Hartford HealthCare's (HHC) provides financial assistance to all eligible individuals who meet the criteria in our Financial Assistance Policy. It is HHC's policy to provide, without discrimination, emergent care for everyone regardless of their eligibility for medical benefits, financial or government assistance. Your questions about the Financial Assistance Policy and the Application for Financial Assistance, the terms and eligibility can be requested in person through any HHC employee, via telephone or on our website.

If you have no insurance (uninsured), your insurance will not pay all of the bills, leaving you with a balance (underinsured), and/or you are not eligible for any government health care benefit program and unable to pay for the health care services

患者信息

财政帮助

请让我们帮助您。

Hartford HealthCare 的承诺

Hartford HealthCare 致力于满足您的保健需求，并满怀热忱地对待患者，从床边到单据室。我们意识到，最大的医疗支出，是由意外疾病或事故导致的，且难于针对性地规划预算。为了服务和方便患者，Hartford HealthCare 可为符合财政帮助资格者提供多种方式的帮助。

根据我们的使命，Hartford HealthCare (HHC) 将为所有符合我们财务援助政策标准的个人，提供财政援助。HHC的政策，是无歧视地为每个人提供紧急护理，无论他们是否符合获得医疗福利、财政或政府援助的资格。如果您有关于财政帮助政策与申请、及其条款与资格的任何问题，可以亲自向 HHC 员工提出、亦可通过电话或我们的网站提出。

如果您没有保险（无保险）、您的保险不支付所有帐单，从而为您留下一笔欠款（保险不足），和/或您不符合任何政府医疗保险福利计划的资格，以及无力支付医疗保险服务，则您可能符合获得财政援助的资格。确定获得财政援助资格的因素，可能包括家庭规模、流动和非流动资产、就业状况、经济负担、医疗费用的金额和频率（即：医疗贫困）以及患者可资利用的其它财务资源。根据财政援助政策，家庭收入在联邦贫困线的 250%或以下的患者，可能有资

then you may be eligible for financial assistance. To determine eligibility for financial assistance factors may include family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. medically indigent) and other financial resources available to the patient. Under the Financial Assistance Policy, patients whose household income is at or below 250% of the Federal Poverty Level may be eligible for a discount of 100% of their financial obligations. Patients with family income between 250% and 400% of the Federal Poverty Level may be eligible to qualify for a discount of between 25-75%. In addition, a patient who is determined to be unable to pay their bills because their medical expenses exceed at least 50% of their annual gross family income may be eligible for discounts of between 65-90% of their financial obligations as specifically set forth in Appendix A to the Financial Assistance Policy.

To apply, simply obtain an application and complete the required information. Return the application to one of our financial assistance offices that are listed in the Application. You can access the Application, as well as the Financial Assistance Policy, at www.HartfordHealthCare.org or any of the HHC hospital websites. If you prefer, you can request an application or a copy of the Financial Assistance Policy free of charge by mail at Hartford HealthCare, Customer Service, PO Box 310911, Newington, CT 06111 or by calling us at 1-888-545-5544. Copies of the Financial Assistance Policy and Application may also be picked up in person at the Patient Admission Desk at all of our hospital facilities. The Financial Assistance Policy, the Application and this plain language summary are available in English, Spanish and Polish.

Note: *Financial assistance eligible individuals will not be charged more for emergency or medically necessary care than the amount generally billed. Financial assistance is not available for non-medically necessary services such as cosmetic procedures (and residential treatment services).*

格获得其经济负担 100% 的折扣。家庭收入在联邦贫困线 250% 到 400% 之间的患者，可能有资格获得 25-75% 的折扣。此外，由于医疗费用超过其年家庭总收入的至少 50%，从而被确定为无力支付其账单的患者，可能有资格为其经济负担获得财政援助政策之附录 A 中特别规定的 65-90% 折扣。

如希望申请，只需获取申请表并填写所需信息即可。请将申请表返还至我们在表中所列的财政帮助办公室之一。您可以在 www.HartfordHealthCare.org 或任何 HHC 医院网站浏览申请表及财政援助政策。如果您愿意，可以在 Hartford HealthCare, Customer Service, PO Box 310911, Newington, CT 06111 或致电 1-888-545-5544，来索取免费寄送的申请表或财政援助政策。您还可以在我们所有医院设施的患者接诊处领取财政援助政策和申请表。财政援助政策、申请表及此简明概述，有英语、西班牙语和波兰语版本。

请注意：符合财政援助资格的人，不会为紧急或医疗必要性护理被收取高于一般开单的费用。财政援助不适用于非医疗必要性服务，如整容手术(和住家治疗服务)。

请让我们帮助您。

Hartford HealthCare

Customer Service (客户服务部)

1.877.HHC.Bill | hartfordhealthcare.org

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Hartford HealthCare

Customer Service

1.877.HHC.Bill | hartfordhealthcare.org

Hartford Hospital

Customer Service

80 Seymour Street

Hartford, CT 06102

1.888.515.5544 | 860.545.3798

hartfordhospital.org

The Hospital of Central Connecticut

Cashier will accept documentation.

100 Grand Street

New Britain, CT 06050

1.888.515.5544 | thocc.org

MidState Medical Center

Cashier will accept documentation.

435 Lewis Avenue

Meriden, CT 06451

1.888.515.5544 | midstatemedical.org

William W. Backus Hospital

Financial Counselors

Financial Counseling Unit

326 Washington Street

Norwich, CT 06360

860.889.8331 x 2917 | backushospital.org

Windham Memorial Hospital

Customer Service

112 Mansfield Avenue

Willimantic, CT 06226

Hartford Hospital

Customer Service (客户服务部)

80 Seymour Street

Hartford, CT 06102

1.888.515.5544 | 860.545.3798

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Windham Memorial Hospital

Customer Service (客户服务部)

112 Mansfield Avenue

Willimantic, CT 06226

1.888.515.5544 | windhamhospital.org

Natchaug Hospital

189 Storrs Road

Mansfield, CT 06250

1.800.426.7792 | natchaug.org

Rushford

1.888.515.5544 | windhamhospital.org

Natchaug Hospital

189 Storrs Road
Mansfield, CT 06250

1.800.426.7792 | natchaug.org

Rushford

1250 Silver Street
Middletown, CT 06457

1.877.577.3233 | rushford.org

Hartford HealthCare Medical Group

1025 Silas Deane Hwy
Wethersfield, CT 06109

1.877.HHC.BILL

hartfordhealthcaremedicalgroup.com

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