

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 then you may be eligible for financial assistance. To

患者資訊

財政幫助

請讓我們幫助您。

Hartford HealthCare 的承諾

Hartford HealthCare 致力於滿足您的保健需求，並滿懷熱忱地對待患者，從床邊到單據室。我們意識到，最大的醫療支出，是由意外疾病或事故導致的，且難於針對性地規劃預算。為了服務和方便患者，Hartford HealthCare 可為符合財政幫助資格者提供多種方式的幫助。

根據我們的使命，Hartford HealthCare (HHC) 將為所有符合我們財務援助政策標準的個人，提供財政援助。HHC的政策，是無歧視地為每個人提供緊急護理，無論他們是否符合獲得醫療福利、財政或政府援助的資格。如果您有關於財政幫助政策與申請、及其條款與資格的任何問題，可以親自向 HHC 員工提出、亦可通過電話或我們的網站提出。

如果您沒有保險（無保險）、您的保險不支付所有帳單，從而為您留下一筆欠款（保險不足），和/或您不符合任何政府醫療保險福利計畫的資格，以及無力支付醫療保險服務，則您可能符合獲得財政援助的資格。確定獲得財政援助資格的**因素**，可能包括家庭規模、流動和非流動資產、就業狀況、經濟負擔、醫療費用的金額和頻率（即：醫療貧困）以及患者可資利用的其它財務資源。根據財政援助政策，家庭收入在聯邦貧困線的 250%或以下的患者，可能有資

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).*

格獲得其經濟負擔 100% 的折扣。家庭收入在聯邦貧困線 250% 到 400% 之間的患者，可能有資格獲得 25-75% 的折扣。此外，由於醫療費用超過其年家庭總收入的至少 50%，從而被確定為無力支付其帳單的患者，可能有資格為其經濟負擔獲得財政援助政策之附錄 A 中特別規定的 65-90% 折扣。

如希望申請，只需獲取申請表並填寫所需資訊即可。請將申請表返還至我們在表中所列的財政幫助辦公室之一。您可以在 www.HartfordHealthCare.org 或任何 HHC 醫院網站流覽申請表及財政援助政策。如果您願意，可以在 Hartford HealthCare, Customer Service, PO Box 310911, Newington, CT 06111 或致電 1-888-545-5544，來索取免費寄送的申請表或財政援助政策。您還可以在我們所有醫院設施的患者接診處領取財政援助政策和申請表。財政援助政策、申請表及此簡明概述，有英語、西班牙語和波蘭語版本。

請注意：符合財政援助資格的人，不會為緊急或醫療必要性護理被收取高於一般開單的費用。財政援助不適用於非醫療必要性服務，如整容手術(和住家治療服務)。

請讓我們幫助您。

Hartford HealthCare
Customer Service (客戶服務部)
1.877.HHC.Bill | hartfordhealthcare.org

Hartford Hospital

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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

1.888.515.5544 | windhamhospital.org

Customer Service (客戶服務部)

80 Seymour Street

Hartford, CT 06102

1.888.515.5544 | 860.545.3798

hartfordhospital.org

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Norwich, CT 06360

860.889.8331 x 2917 | backushospital.org

Windham Memorial Hospital

Customer Service (客戶服務部)

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

1250 Silver Street

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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Middletown, CT 06457

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