

Tips for Ensuring a Quick and Timely Review of your Financial Assistance Application

Thank you for inquiring about our Financial Assistance Program. Please make sure to return the signed application along with supporting documents to the address listed on the return envelope, via MyChart* or by secure fax (860-696-6113) within fifteen (15) business days.

In order to prevent a potential delay in processing, please review the checklist below. Failure to supply all necessary information will result in an additional letter, which will be sent to you indicating the missing information required. This will delay determination and billing may continue. If you need assistance completing the application or have any questions, please contact one of our financial counselors at 860-696-6010 (Option #1, then #1).

The table below provides a quick reference for the maximum gross income guidelines HHC uses to determine eligibility. If you exceed the income guidelines listed below, but have extraordinary outstanding medical bills, you may still qualify for financial assistance under Hartford HealthCare’s program. Please contact one of our Financial Counselors for more information at 860-696-6010 (Option #1, then #1).

To Use This Table

- ✧ Locate your household size in Column A.
- ✧ You may be eligible for full or partial assistance if your gross household income is less than or equal to figure listed in Column B.
- ✧ For example: if you are a family of 4, your gross income has to be equal to or less than \$176,825 in order to be eligible for a discount.

2025	
A	B
Size of Family	Maximum Gross Household Income
1	\$86,075
2	\$116,325
3	\$146,575
4	\$176,825
5	\$207,075
6	\$237,325
7	\$267,575
8	\$297,825

Before sending your application, please use the checklist below to verify all requested items are enclosed:

- The **original** completed application with date and signature along with verification of income for the last 60 days. This may include but not be limited to the following (please check which documentation is provided):
 - Proof of payroll, unemployment, social security, pension, alimony, child support, interest, dividends, rental income, etc. for the last 60 days
 - Copy of your most recent Federal tax return. **We do not need the CT State tax return.**
 - Schedule C (if you are self-employed)
 - Copy of your most recent W2 and 1099 forms.
 - If married and claiming single, please provide a copy of your legal separation document.
 - If claiming dependents, please provide copies of your legal guardianship for your child(ren) or grandchild(ren).
 - If the dependent child is over 18 years old, please provide proof of full-time student status and waiver of student health insurance which may be obtained from the school’s Admissions Department.
 - Letter from the Department of Social Services indicating that you have applied and been approved or denied for State Medical Assistance (if you do not have insurance).
 - If there is no income, please provide a letter of support from the person who is financially supporting you (providing food, shelter, and assisting with bills) which must include date and signature.
 - Other: Please specify (e.g. medical bills, etc.) _____

*MyChartPlus is Hartford HealthCare’s patient portal. This is a convenient, secure online hub where you can view test results, keep track of appointments, refill prescriptions and pay your bills. To get started, visit MyChartPlus and sign in. If you’re new to MyChartPlus, click the “Sign up Now” button on the right side of the page to create an account.