



Griffin Hospital Financial Assistance Policy – Plain Language Summary

The Griffin Hospital Financial Assistance Policy (FAP) provides Eligible Patients (as defined below) with partially or fully-discounted emergency or other medically necessary healthcare services provided by Griffin Hospital (together, hereinafter referred to as the HOSPITAL). Patients seeking Financial Assistance must apply for the program, as described below.

DEFINITIONS

Eligible Services – Emergency or other medically necessary healthcare services provided by the HOSPITAL and billed by the HOSPITAL. Patients who reside in Connecticut who need emergency services can receive care and qualify for a discount if they meet certain income levels. Patients who reside in Connecticut can qualify for a discount on non-emergency, medically necessary services at the HOSPITAL if they meet certain income levels. The FAP only applies to services billed by the HOSPITAL. Other services which are separately billed by other providers, such as non-employed physicians or outside laboratories, are generally not eligible under the FAP. A list of physician providers or provider groups whose services are covered under the FAP in the course of providing emergency or other medically necessary healthcare services is available on the Hospital’s website.

Eligible Patients – Patients receiving Eligible Services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by the HOSPITAL.

HOW TO APPLY – The FAP and the related Application Form may be obtained at no cost as follows:

- In person at the HOSPITAL’s main Registration area, Emergency Room registration area, outpatient department or Financial Assistance Department.
- Via telephone, request an application be mailed to you by calling the Financial Assistance Department at 203-732-1510.
- By mail, send a request to Griffin Hospital, Financial Assistance Department. P.O. Box 337 Derby, CT 06418.
- Download the documents from the HOSPITAL’s website at. <http://www.griffinhealth.org/griffin-hospital/billing-insurance/free-care-assistance> .
- There is no charge to download these materials, and patients are not required to create an account or provide personally identifiable information.

Mail or deliver completed applications (with all documentation/information specified in the application instructions) to: Financial Assistance Department. P.O. Box 337 Derby, CT 06418.

DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY –

Generally, Eligible Patients are eligible for Financial Assistance, using a sliding scale, when their family income is at or below 400% of the Federal Government’s Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their Eligible Services covered fully or partially, and they will not be billed more than

“Amounts Generally Billed” (AGB) to Medicare. Financial Assistance levels, based solely on Family Income and FPG, are:

Family Income at 0 to 250% of FPG	100% Free Care
Family Income at 251% to 400% of FPG	Partial Financial Assistance; AGB is maximum amount billable to the patient.

Note: Other criteria beyond FPG are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly net income relative to monthly household expenditures), which may result in exceptions to the preceding. If no family income is reported, information will be required as to how daily needs are met. The Financial Assistance Department reviews submitted applications which are complete, and determines financial assistance eligibility in accordance with the HOSPITAL’s Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/ information.

This Plain Language Summary, the FAP, and the FAP application form are available upon request from the Financial Assistance Department, 130 Division Street Derby CT 06148, and on the website at <http://www.griffinhealth.org/griffin-hospital/billing-insurance/free-care-assistance>

FURTHER INFORMATION/HELP – For help, assistance, or questions regarding the FAP, please visit or call the Financial Assistance Dept. at 203-732-1510, Monday through Friday from 8:30 am to 5:00 pm.