

Guthrie Cortland Medical Center Financial Assistance Summary

Financial Assistance for low income, uninsured or underinsured individuals with their Hospital claims is available to all who qualify.

“You” refers to the patient, or to the person who has the legal obligation to pay for the patient’s care (e.g., a parent for a minor patient).

Who is Eligible?

You are eligible for financial assistance if your income is no more than 300% of federal poverty guidelines. Attachment A includes the discount percent available in the various income categories. Homeless patients automatically qualify.

What Financial Assistance Will I Receive?

For our uninsured patients our Financial Assistance program is in the form of a discount after GCMC’s average Medicare contractual adjustment percentage for the services provided. The average adjustment percentage is calculated on an annual basis using Medicare payment data for the previous 12 month period. The discount is a sliding scale, depending on your income.

For our insured patients, any open balance including co-pay and deductible balances are eligible to be considered for a Financial Assistance discount which would be applied to the balance the patient/guarantor is responsible to pay. The discount is a sliding scale, depending on your income.

No qualifying patient will be charged more for emergency or other medically-necessary care than the charges adjusted for GCMC’s average Medicare contractual adjustment percentage for the services provided.

What Services Are Covered?

All Hospital services provided which are medically necessary and apply to patients residing within our defined primary service area. This policy only covers services provided by the Hospital and does NOT include our Skilled Nursing Facility or Swing Bed Services. This policy does not apply to other bills you may receive from any physicians who may be involved in your care including but not limited to: Hospitalists, Radiologists, Pathologists, Anesthesiologists, or Emergency Room Physicians.

Primary Service Area consists of the following Zip Codes: 13045, 13077, 13073, 13118, 13068, 13053, 13159, 13803, 13040, 13092, 13101, 13052, 13158, 13141.

If your area Zip Code of residence is not listed above and you would like to apply for Financial Assistance for emergent, urgent or life threatening condition we encourage you to do so.

How to Apply:

Applications and/or confidential assistance with completion of the application are available from any registrar area at the following locations:

- Guthrie Cortland Medical Center, 134 Homer Ave
- Guthrie Cortland Fisher Avenue Practice , 1259 Fisher Ave (second floor)
- Guthrie Cortland Medical Center Wond Care, 4005 West Road (Rt 281)

Call our Patient Accounting Office by calling (607) 756-3838.

You can also obtain a free copy by visiting our website:

<https://www.guthrie.org/patients-visitors/pay-my-bill/financial-assistance>

You may also obtain a free copy of the financial assistance policy and/or the application by writing to **Guthrie Cortland Medical Center, 134 Homer Avenue, Cortland, NY 13045 Attn: Patient Financial Navigator.**

You will be asked about your household income. This refers to gross income before deductions (taxes, social security insurance premiums, payroll deductions, etc.)

Total Household Income is income from all members of a household from the following sources: wages, unemployment income, Worker's Compensation, Veterans benefits, Social Security Income, Disability Insurance, alimony, and other cash income.

You may be asked to provide the following information in connection with your application for financial assistance:

1. Complete application
2. Copies of last four weeks of pay stubs
3. Copies of last two bank statements

Application Processing:

Financial Assistance applications must be requested **within 240** days of the first statement date. Upon receipt of our application, you shall have **30** days to complete and return to our Patient Financial Navigator.

The Hospital will respond in writing with a final determination **within 20** days of receipt of a completed application.

Once a determination is made you have **20 days** to appeal determinations. Appeals must be submitted in writing to the Patient Financial Navigator.

While your application is being processed, you do not have to make any payment to the Hospital until we send you a letter with our decision on your application.

If you do not meet the low-income definition but feel your hospital bills are excessive, request a review. The hospital will review such bills on a case-by-case basis.

Payment Plans:

Payment plans are available and all approved payment plans will be reviewed periodically to ensure the account remains in good standing.

If you feel at any time that your payment arrangement has become a burden due to a change in your financial situation, a meeting can be scheduled with our Patient Financial Navigator.

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Applications are approved for a period of six months and are effective as of the first day of the month in which the services for which the application was submitted were provided.

If you have any concerns or issues you are unable to resolve with the Hospital you may call the New York State Department of Health at 1-800-804-5447.

Attachment A

CORTLAND REGIONAL MEDICAL CENTER			
2018 FINANCIAL ASSISTANCE PROGRAM LEVELS			
PERCENT OF FINANCIAL ASSISTANCE AVAILABLE	100%	50%	25%
SIZE OF HOUSEHOLD	HOUSHOLD INCOME- GROSS		
1	0- 24,280	24,281- 30,350	30,351- 36,420
2	0- 32,920	32,921- 41,150	41,151- 49,380
3	0- 41,560	41,561 – 51,950	51,951 – 62,340
4	0- 50,200	50,201 – 62,750	62,751 – 75,300
5	0- 58,840	58,842- 73,550	73,551 – 88,260
6	0- 67,480	67,481- 84,350	84,351- 101,220
7	0- 76,120	76,161- 95,150	95,151 – 114,180
8	0- 84,760	84,761 – 105,950	105,950 – 127,140

** For families with more than 8 persons, add \$8640 for each additional person

100% Assistance for households up to 200% of National Poverty Levels

50% Assistance for households between 201-250% of National Poverty Levels.

25% Assistance for households between 251-300 % of National Poverty Levels

(BASED ON 2018 POVERTY GUIDELINES –ALL STATES EXCPET ALASKA AND HAWAII)

EFFECTIVE 03/01/2018