

Financial Assistance Application Process

Please do not mail your application without the documentation requested below. Incomplete applications will delay the approval process and may be denied.

If you were a member of Manchester Community Health Center (MCHC) on the dates of service for which you seek assistance, please forward a copy of your MCHC card to our Patient Financial Services office (One Elliot Way, Manchester, NH 03103) to receive the appropriate discount. Financial Assistance is not an insurance program and does not exempt you from the Accountable Care Act's requirement to have health insurance.

If an applicant was claimed as a dependant on the most recent year's tax return, we consider the financial situation of the guardian. All necessary documentation to support the guardian's financial situation should be sent in.

The granting of Financial Assistance is based primarily on gross income and assets. Please send in all of the items below that apply to your situation:

- Employer Letter: Does employer offer health insurance? Need to forward a letter from employer to indicate if health insurance is offered and whether you are or are not eligible.
- Proof of income: 3 most recent pay stubs from each income earner. If pay stubs are unavailable, written verification from the employer on company letterhead stating gross income earned and hire date is acceptable.
- Complete copy of most recent year's tax return, including all schedules — **Not W2s**. If you have not filed, send verification that you have not filed. Verification of non-filing can be obtained at a local IRS office or by calling 800-829-1040.
- If you receive Social Security or Pension Income: Please submit a copy of your check, or bank statement showing direct deposit.
- If you receive Unemployment or Worker's Compensation: Please send proof of any pay you may receive, along with the date such pay began.
- If you receive no income at all: Please provide a **notarized** Letter of Support from the person supporting you, confirming it.
- If you receive assistance such as food stamps, fuel assistance, Medicaid, rent subsidy, etc.: Please send an approval letter or vouchers from any program for which you have been approved.
- If you receive child support: Please provide verification of payments along with frequency.
- Provide a copy of your property tax bill showing value of property, **and** a copy of mortgage statement showing balance of mortgage for all properties owned with the exception of primary residence.
- 3 months of recent bank statements (all checking and/or savings, money market accounts in your name) from the financial institution.

An applicant must apply for all available state and federal funding prior to requesting Financial Assistance.

Please return application and supporting documentation to:

Patient Financial Services Elliot Hospital One Elliot Way Manchester, NH 03103

Financial Assistance Programs*

Financial Assistance: Ensures that all individuals are able to receive medically necessary care at the Elliot Hospital regardless of their ability to pay. Patients must complete an application to be qualified for assistance. Charitable Care assistance can range from a patient having no financial obligation to some percentage of the outstanding balance. Elliot Hospital Financial Assistance Income Guidelines and policy can be found at:
www.elliotohospital.org/services/patients/financial_assistance_programs.html

Catastrophic Relief Program: Catastrophic Relief is available to provide substantial financial assistance to those patients who experience costly extended episodes of care at the Elliot Hospital due to serious sickness or injury. The program provides relief to uninsured patients whose financial responsibility to the Elliot Hospital exceeds \$50,000 for any single episode of care.

If you are approved for financial assistance, you will receive an approval letter explaining your discount. If more information is needed to process your application, you will receive a letter explaining what is needed. Please do not consider the absence of correspondence as an approval, as incomplete applications may be denied after 30 days.

Patients denied Financial Assistance might appeal the decision in writing to the Charitable Care Appeal Committee. The Committee will review the appeal and render a written decision within 30 days of receipt. Appeals should be sent to the address below and addressed to the attention of: Charitable Care Appeal Committee.

Elliot Hospital
One Elliot Way
Manchester, NH 03103

If you feel you may qualify or have any questions about financial assistance, please contact an Elliot Patient Care Representative at 663-7235 or visit our Patient Financial Services office in the main lobby of the Hospital.

*Elliot Hospital reserves the right to amend the policies and procedures set forth on this page in its sole and absolute discretion. The existence of these policies and procedures do not create any legal right for the benefit of any person. In short, while Elliot remains committed to helping those in need, it must preserve its right to adapt its policies and procedures as circumstances warrant. Elliot Hospital Patient Financial Services will make ultimate decisions regarding the application of these policies and procedures.