General Criteria for Financial Assistance

Elliot Health System has a Financial Assistance Policy for people who are uninsured, underinsured, do not qualify for government assistance (Medicare or Medicaid), or who are otherwise unable to pay for medically necessary care, and meet the Elliot’s criteria for financial assistance.

Generally, financial assistance will be based on a combination of family income and assets. Federal Poverty Guidelines will be used to determine a patient’s eligibility for financial assistance.

Financial assistance is not available until all other sources of payment have been exhausted.

Types of Financial Assistance Available

Full Financial Assistance
This is a complete write-off of Elliot Health System charges for eligible services. Full financial assistance is available to patients, or their guarantors. Annual income and other assets are considered when determining qualification.

Partial Financial Assistance
This is a partial write-off of Elliot Health System charges for eligible services. Partial financial assistance is available to patients, or their guarantors, with annual income below 300% of the Federal Poverty Guidelines. In order to qualify for partial financial assistance, all other payment options must be exhausted for patients including private coverage, federal, state and local medical assistance programs, as well as other forms of assistance provided by third parties.

Medical Hardship
Elliot Health System recognizes there may be the need to grant additional assistance based on extenuating circumstances. Patients, or their guarantors, may be eligible for medical hardship assistance if they have incurred significant out-of-pocket obligations resulting from medical services provided by Elliot Health System.

Once I qualify for Financial Assistance, what else should I know?

Elliot will not require financial assistance patients to pay co-pays. A co-payment is not co-insurance; patients may still be responsible for a substantial amount of their care if they do not qualify for full financial assistance.

Once eligible for financial assistance, you will not be charged more for emergency or medically necessary services than insured patients.

Services that are not eligible under the Elliot financial assistance policy include: cosmetic surgery, dental implants and retail pharmacy.

For More Information:
Elliot Hospital Patient Financial Assistance
Attn: Financial Advocate
One Elliot Way
Manchester, NH 03103
1-866-425-3177

FREE copies of the complete Financial Assistance Policy are available on-line at www.elliothospital.org or at either the Elliot Hospital or Elliot at River’s Edge locations in the office of Financial Assistance.

Patient Financial Advocates are available to assist you.

Please contact them by calling 603-663-7235