Montefiore
THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

Financial Assistance Summary

Montefiore Medical Center recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Financial Aid provides discounts to qualifying individuals based on income and family size. In addition, we can help you apply for free or low-cost insurance if you qualify. Just call or visit a Financial Counselor at sites listed on Page 2 or email financialaid@montefiore.org for free, confidential assistance. More information about the financial assistance policy can be found at http://www.montefiore.org/financial-aid-policy. You can also receive an application at no cost via mail.

Who qualifies for a discount?
Financial Assistance is available for patients with no health insurance or limited health insurance coverage that reside in the medical center's primary service area (New York State).

Montefiore Medical Center also provides payment arrangements to patients that have insurance coverage but have an out-of-pocket expense that they cannot afford or deem a hardship.

Everyone in New York State who needs emergency or medically necessary services can receive care and get a discount.

You cannot be denied emergency or medically necessary care because you need financial assistance.

You may apply for a discount regardless of immigration status.

What are the income limits?
The amount of the discount varies based on your income and the size of your family. If you have no health insurance or limited health insurance, these are the income limits:

2026					
Federal Poverty Level	**1**	**2**	**3**	**4**	**5**
Family Size	**BELOW 200%**	**200%-300%**	**301%-400%**	**401%-500%**	**over 500%**
1	$31,920	$47,880	$63,840	$79,800	
2	$43,280	$64,920	$86,560	$108,200	
3	$54,640	$81,960	$109,280	$136,600	
4	$66,000	$99,000	$132,000	$165,000	
5	$77,360	$116,040	$154,720	$193,400	
6	$88,720	$133,080	$177,440	$221,800	
7	$100,080	$150,120	$200,160	$250,200	
8	$111,440	$167,160	$222,880	$278,600	
For each additional person Add.	$11,360	$17,400	$22,720	$28,400	
*** Based on the 2026 Federal Poverty Guidelines**					

If your family income is less than or equal to 200% of the FPG, you may qualify for free hospital or hospital clinic care. If your family income is between 201% and 500% of the FPG, you may qualify for partial financial assistance. If eligible, you will not be billed more than the amount generally billed to insured persons for the care provided**.**

What if I do not meet the income limits?

If you cannot pay your bill, Montefiore Medical Center has a financial assistance category for all who apply. The percentage of the discount depends on your annual income and family size. We also offer extended payment plans and the monthly payment will not exceed 5 percent of your monthly income. A self-pay discount is available for patients above 500% of the federal poverty level. Self-pay discounts are also available for non-medically necessary services.

Can someone explain the discount? Can someone help me apply?

Yes, free, confidential help is available.

If you do not speak English, someone will help you in your own language. Applications, summaries, and the full policy are also available in multiple languages at no cost.

The Financial Counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus or a Qualified Health Plan (during open enrollment).

If the Financial Counselor finds that you don't qualify for low-cost insurance, they will help you apply for a discount.

The Counselor will help you fill out all the forms and tell you what documents you need to bring.

Please visit one of the locations below or **http://www.montefiore.org/financial-aid-policy** for additional information or assistance.

- 111 East 210th Street (Room RS-001) 718-920-5658 (Moses Campus)
- 600 East 233rd Street (Central Registration) 718-920-9660 (Wakefield Campus)
- 1825 Eastchester Road (Admitting Office) 718-904-3551 (Weiler Campus)
- 2475 St. Raymond Avenue (Outpatient Registration) 718-430-7339 (Westchester Square Campus)

What do I need to apply for a discount?

Acceptable proof of income:

- Unemployment statement
- Social Security/Pension Award letter
- Paystubs/Employment verification letter
- Letter of support
- Self attestation letter (in appropriate circumstances)
- Tax Return or W2

All medically necessary services provided by Montefiore Medical Center are covered by the discount. This includes outpatient services, emergency care, and inpatient emergent admissions.

Charges from *private doctors* who provide services in the hospital may not be covered. You should talk to private doctors to see if they offer a discount or payment plan. For a list of providers and whether or not they participate in the Medical Center's Financial Aid Program please visit our internet site at http://www.montefiore.org/financial-aid-policy or contact the Financial Aid office and one can be provided to you in person or via mail at financialaid@montefiore.org.

How much do I have to pay?
The amount for an outpatient service or the emergency room starts from $0 for children and pregnant women, depending on your income. The amount for outpatient service or the emergency room starts from $0 for adults, depending on your income.

Our Financial Counselor will give you the details about your specific discount(s) once your application is processed.

Patients will not be charged more than amounts generally billed for emergency or other medically necessary care.

How do I get the discount?
You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level. You will have 30 days to complete application.

You can apply for a discount before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail.

Send the completed form to Montefiore Medical Center at financialaid@montefiore.org.

Once you have submitted a completed application and documentation, you may disregard any bills until the hospital has rendered a decision on your application.

How will I know if I was approved for the discount?
Montefiore Medical Center will send you a letter within 30 days after completion and submission of documentation, telling you if you have been approved and the level of discount received.

What if I receive a bill while I'm waiting to hear if I can get a discount?
You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.

Montefiore

NYS Uniform Hospital Financial Assistance Application

You may be eligible for hospital financial assistance to pay your bills if you are uninsured, if your insurance is exhausted, or if you have health insurance but have proof of paid medical expenses totaling more than 10% of your income. Completing this form will start your request for hospital financial assistance. This form is used by all hospitals in New York State.

This application must be printed in the primary[1] languages spoken by patients served by the hospital.

Patient Name (complete information that is applicable)

Patient Name (First, Middle, Last)		
Date of Birth (mm/dd/yyyy)		
Address	Apartment/Unit #	
City	State	Zip
Contact Phone #		
Parent/Guardian or Lawful Representative Name (if patient is a minor child or an incapacitated adult)		
Email Address (if any)		

Family Information:

Please list below all family members in your household. Your household includes yourself, your spouse or domestic partner, and any children or other dependents. For example, this would include everyone listed on the same tax return.

Gross income means your income **before** taxes are deducted.

Gross income can consist of work earnings (wages, salaries, tips, earnings from self-employment), unearned income (social security, disability, and unemployment benefits), contributions (funds from family or friends), and other sources of income (temporary assistance and supplemental security income).

Full Name	Relationship	Total Gross Income (Current)
	Self	

[1] "Primary languages" includes any language that is used to communicate in at least 5% of patient visits per year, or any language spoken by more than 1% of the primary hospital service area population, as calculated using demographic information available from the United States Bureau of the Census, supplemented by data from school systems.

The hospital may request you submit documentation as proof of income; examples of documentation might include a pay stub, a letter from your employer if applicable, or Form 1040.

Health Insurance Status

Do you have any form of health insurance, including Medicaid, Medicare, or private insurance through your employer or purchased on your own? ☐ Yes ☐ No

If you answered "No," would you like assistance in applying for any of these programs?

☐ Yes ☐ No

Underinsured patients: people with insurance and high medical expenses. If you have insurance, please provide an estimate of the medical bills you paid in the past 12 months.

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The hospital may request you submit documentation as proof of paid medical expenses.

Patient/Responsible Party: If not the patient, list the name of the person signing the form and their authority to sign on behalf of the patient (e.g., spouse, parent, legal representative).

I understand that the information I submit may be subject to verification from external sources. I certify that the information is true and complete to the best of my knowledge.

Print Name Relationship to Patient	Date
Signature	