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SUBJECT: FINANCIAL AID POLICY		NUMBER: JF14.1
OWNER: OFFICE OF THE PRESIDENT		
EFFECTIVE DATE: 4/86	REVISED DATE: 02/26	SUPERSEDES: 1/18, 4/18, 4/19, 4/20, 4/21, 2/22, 4/22, 4/23, 11/23, 4/24, 10/24,04/25, 1/26
REFERENCE: JF27.1, JF15.1 and JF31.1		

PURPOSE:

Montefiore Medical Center (MMC) is guided by a mission to provide high quality care for all its patients. We are committed to serving all patients, including those in our service area who lack health insurance coverage and who cannot pay for all or part of the essential care they receive. We are committed to treating all patients with compassion, from the bedside to the billing office, including our payment collection efforts. Furthermore, we are committed to advocating for expanded access to health care coverage for all New Yorkers.

We are committed to maintaining a Financial Assistance Policy (FAP) that is consistent with its mission and values and that considers an individual’s ability to pay for medically necessary health care services. This policy will constitute the official Financial Assistance Policy (within the meaning of Section 501(r) of the Internal Revenue Code of 1986, as amended, Section 1.501(r) of the Internal Revenue Service’s regulations promulgated thereunder and New York Public Health Law).

Definitions:

Amounts Generally Billed (AGB): the charge amounts generally billed for Covered Services provided to individuals who have insurance covering such care. The Hospital uses a percentage of gross charges (the AGB percentage) and has elected to use the “look-back” method to determine AGB. Generally, in calculating the AGB percentage under the look-back method, the Hospital must include the claims allowed during a prior 12–month period by: (a) Medicare fee-for service; (b) Medicare fee-for-service and all private health insurers that pay claims to the hospital facility; or (c) Medicaid, either alone or in combination with Medicare fee-for-service or Medicare fee-for-service and all private health insurers that pay claims to the hospital. Please refer to the charts in Attachment A to this Policy for more information or contact a Financial Counselor at: financialaid@montefiore.org.

Application Period: the period during which the Hospital must accept and process an application for financial assistance under the FAP.

Billing Deadline: the date after which the Hospital may initiate an ECA (as defined) against a Responsible Individual (as defined) who has failed to submit an application for financial assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Individual provided at least 30 days prior to such deadline.

Emergent Condition: a medical condition that has resulted from the sudden onset of a health condition with acute symptoms of sufficient severity (including severe pain) which, in the absence of immediate medical attention, are reasonably likely to place the patient's health in serious jeopardy, result in serious impairment to bodily functions or result in serious dysfunction of any bodily organ or part.

Emergency Medical Care: medical care required to be provided for Emergent Conditions pursuant to the Emergency Medical Treatment and Labor Act, section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals, regardless of their eligibility for Financial Assistance under this policy. More specifically, Emergency Medical Care refers to services required to be provided under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations and Treas. Reg. § 1.501(r)-4(c) (or any successor regulations), to the extent such regulations are applicable to the Hospital.

Extraordinary Collection Action (ECA): actions taken by the Hospital against an individual relating to obtaining payment of a bill for care covered under this FAP. (i.e., Garnishment of wages or forced sale of primary home).

FAP-Eligible Individual: an individual eligible for financial assistance under this Policy without regard to whether the individual has applied for financial assistance.

Hospital: MMC- Moses Division, Children's Hospital at Montefiore, Weiler Hospital, Wakefield Hospital, and Westchester Square Hospital.

Medically Necessary: as per Centers for Medicare and Medicaid, services or supplies that are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.

Patient Accounts Department: the operating unit of the Hospital responsible for billing and collecting self-pay accounts for hospital services.

Plain Language Summary of the FAP (PLS): a written statement that notifies an individual that the Hospital facility offers financial assistance under a FAP and provides necessary information in language that is clear, concise, and easy to understand. The PLS must be offered at intake or discharge and in any bill notifying a Responsible Individual about a possible ECA.

Responsible Individual: the patient and any other individual having financial responsibility for the patient's account. There may be more than one Responsible Individual.

Covered Services: Emergency Medical Care (as defined) or other Medically Necessary (as defined) services provided to MMC's inpatient and outpatients.

Elective procedures: Elective surgery or elective procedure is surgery that is scheduled in advance because it does not involve a medical emergency.

Approval Authority: Senior Leadership (which includes Assistant Vice President of Revenue Cycle; Associate Vice President, Professional Services; Vice President, Revenue Cycle or CFO) that have the authority to provide exception approval for any instance outside what is covered in the policy.

POLICY GUIDELINES:

This policy is intended apply to covered services rendered within Montefiore Medical Center. It provides guidelines for administering financial assistance to patients requiring emergency and medical necessary care who lack sufficient health insurance coverage or after exhausting all sources of insurance payment. Financial aid is provided to patients with a demonstrated inability to pay, as contrasted to an unwillingness to pay, which is considered bad debt.

This policy covers MMC- Moses Division, Children’s Hospital at Montefiore, Weiler Hospital, Wakefield Hospital, and Westchester Square.

Please see Attachment B for other healthcare facilities covered by this policy. If a site is not listed a patient can email the financial aid department at financialaid@montefiore.org or call/visit one of the financial aid offices listed under # 3 below for review and advisement on the location.

The policy is reviewed annually.

- As required by Federal law, services that are furnished at Federally Qualified Health Center (FQHC) sites to patients are subject to the sliding fee scale policy (JF15.1)
- Additionally, in compliance with Ryan White HIV/AIDS Program legislation, persons living with HIV/AIDS with incomes Household Income or Patients Income less than or equal to 100% of the federal poverty level will not be charged for services received in the Center for Positive Living/Infectious Disease Clinic”.

Patients cannot be denied admission or treatment/ services because of an unpaid medical bill.

1. Financial aid shall be available to:

- Uninsured and Underinsured patients residing in the MMC’s primary service area receiving medically necessary services or emergency care (See Attachment A for Financial Aid Chart, Levels and covered primary service area)
- Patients residing in MMC’s primary service area that exhausted their medical benefits for medically necessary or emergent care.
- Except for emergency services, patients need to reside within MMC’s primary service area for a particular service to be categorically eligible for financial aid.
- Eligibility for financial assistance for non-emergent care for non-residents of New York State will be determined on a case-by-case basis and requires senior leadership approval.
- If patient is approved to receive financial assistance as an exception, they will be screened using same criteria as patients residing in the primary service area (gross income and family size tied to federal poverty level).
- Elective procedures that are not deemed medically necessary (e.g., cosmetic surgery, infertility treatment) are not eligible for financial aid. Patients can obtain a self-pay rate for non-covered services.

- Patients who have health insurance but have spent more than 10% of their income on out-of-pocket medical expenses and are at or below 400% of FPL are also eligible for financial assistance.
 - Foster Children/Children that reside in group homes
 - Accounts returned from a collection agency where the patient is under 200% of the FPL
2. The Financial Aid policy follows EMTALA guidelines.
 3. This Financial Aid policy also applies to medically necessary non-covered services and non-covered charges for days exceeding a length-of-stay limit for patients either eligible for or covered by Medicaid who otherwise meet MMC's policy criteria.
As of January 1st, 2018, charges for services which are denied by a Medicaid HMO payer as non-covered will also be considered for charity care.
Any exceptions to the limits shall be made on a case-by-case basis and require approval.
 4. MMC does not place a limit on services based on a patient's medical condition.
 5. Financial aid offices where patients can apply for assistance are located at:
 - 111 East 210th Street, Bronx, NY Pt. Financial Services, (Room 001) 718-920-5899 (Moses Campus)
 - 600 East 233rd Street, Bronx, NY (Pt. Financial Services) 718-920-9660 (Wakefield Campus)
 - 1825 Eastchester Road, Bronx, NY (Pt. Financial Services) 718-904-3551 865 (Weiler Campus)
 - 2475 St. Raymond Avenue, Bronx, NY (Pt. Financial Services) 718-430-7339 (Westchester Square Campus)

Paper copies of the Financial Aid policy, the Financial Aid summary, and/or the Financial Aid application are available upon request, without charge, by mail or by E-mail. E-mail requests can be sent to financialaid@montefiore.org.

Copies are also available on each facility website at <http://www.montefiore.org/financial-aid-policy>

Information about Financial Aid will be available at discharge on after visit summary.

6. Determination of eligibility for financial aid will be made as early in the care planning and scheduling process as possible. Counselors will assist any patients who require assistance with completing financial aid applications. Emergency services will never be delayed pending financial determinations. Patients can apply for financial aid prior to services or after receipt of a bill. Patients can also apply for financial aid after a bill has been sent to a collection agency. There is no deadline for when a patient can request to complete a financial aid application.
7. Financial aid approvals will be valid for one year. Patients will be re-evaluated for financial aid annually.
8. Patients or financially responsible parties are expected to cooperate with MMC in applying for available public insurance coverage (e.g., Medicaid, Child Health Plus, and Qualified Health

Plans (during open enrollment) if deemed potentially eligible. Financial aid eligibility is not contingent on completing a Medicaid application nor will a decision be delayed pending a Medicaid decision.

9. Household or Patient's gross income tied to published Federal Poverty Level income guidelines adjusted for family size shall be used to determine eligibility for financial aid. Decisions are based on annual income only. Assets are not considered.
10. MMC shall verify current income. Acceptable proof of Household or Patients income is as follows:
 - Social Security/pension award letter
 - Unemployment Statement
 - Pay stubs/employment verification letter
 - Letter of support
 - Attestation letter explaining income, support, and/or current financial situation if other proof of income is not available
 - Tax Returns or W2's (if patient requests to supply as proof of income but this is not required documentation)
11. Presumptive eligibility may also be based on prior FAP Eligibility, or MMC may use enrollment in certain specified means-tested public programs to presumptively determine that individuals are FAP-eligible, including:
 - State-funded prescription programs.
 - Homeless or received care from a homeless clinic.
 - Participation in Women, Infants and Children programs (WIC).
 - Food stamp eligibility.
 - Subsidized school lunch program eligibility.
 - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down).
 - Low income/subsidized housing is provided as a valid address; and
 - Patient is deceased with no known estate.
 - Patient is eligible for emergency services Medicaid and was seen in the Emergency Room or Admitted emergently but Medicaid denied claim (excludes transplant and CAR-T).
 - Patient is approved for Patient Assistance program and has prior bills not covered by the approval for the grant or copay assistance program.
 - Foster Children/Children that reside in group homes
 - Secondary Agency closeouts where FPL information is available and patient is under 200% of the FPL

12. MMC may use predictive analysis to assist in charity care determination in the absence of completed financial aid applications. Such findings will not deem a patient ineligible for financial assistance. If a patient completes a financial aid application with documentation demonstrating that his/her income (income type) is lower than the category determined using predictive analysis, the patient's financial responsibility will be further reduced to the lower amount.
13. Finance staff will be available to assist with financial aid consultations. Applications for financial aid will be reviewed and decided upon promptly and within 30 business days for non-emergency services. Patients have 30 days to appeal an initial financial aid decision. Patients will receive financial aid decisions via mail, with notification on the bottom of the approval/denial letter explaining how to appeal the decision. Patients are advised to disregard any bill received while an application is in process. Accounts for patients who have completed financial aid applications shall not be sent to collections while applications are in process. Responsible Individual appealing financial aid decisions must provide proof of current Household or Patients income and expenses. Responsible Individual has 30 days to complete appeals applications and will be notified of decisions via mail within 30 days of the submission of appeals applications. Based upon the information provided, patients may be evaluated for further reductions or extended payment plans.
14. Notice of the Entity's financial aid policies shall be communicated to patients, staff and local community service agencies. MMC's financial aid policy shall be available in multiple languages (languages available dependent on the facility you are using) to any party seeking such information at the following locations:
 - Admitting Offices
 - Business Offices
 - Emergency Room Registration office
 - Hospital's website: <http://www.montefiore.org/financial-aid-policy>
 - By mail upon request
 - By emailing: financialaid@montefiore.org

Availability of Financial Aid is publicized on the following but not limited to list below:

- On all Hospital and Physician statements
- Signs are posted at entranceways advising patients of the room locations for financial aid
- E-screens on All Associates Computers and Waiting room Televisions
- MMC's Website
- As a Question and Informational packet on Annual Non-Clinical In-service
- Wall signage in the Emergency Department, Admitting Office, Billing and Medicaid offices and other registration and waiting areas

All Internal and External patient support staff are trained on the financial aid policy. An in-service is provided to all areas with instructions on where to send patients who need assistance.

15. Responsible Individual is offered payment plans if they are not able to make payments based on self-pay rate in full.
16. MMC maintains a separate billing and collections policy. It can be found on the hospital website, or a hard copy can be requested by contacting anyone of our financial aid offices listed in #3.

17. Responsible Individuals will receive a written notice 30 days prior to any account being forwarded to a collection agency or the initiation of any ECA for failure to request or complete a financial aid application or failure to make payments on a financial assistance balance. A reasonable effort to orally notify the responsible individual by telephone at the last known telephone number must also be made.
18. MMC prohibits collections against any patient who is eligible for Medicaid at the time services rendered.
19. MMC may bill patient when they are non-compliant with Coordination of Benefits (COB) update and/or non-compliant with No Fault /Worker's Compensation insurance.
20. All MMC external patient support resources have a copy of the financial aid policy and will refer any patient needing assistance back to MMC for evaluation and reduction of a bill based on annual income and family size.
21. MMC measures compliance through semiannual audits of the intake and registration areas to ensure that signage and summaries are posted and available and that associates are aware that MMC offers financial aid.
22. Full financial aid will be granted to patients with outstanding self-pay bills and current Medicaid coverage.
23. Full Financial Aid will be granted to patients who are homeless. Ambulance Reports can be a source of reference if it is documented in the report that the patient is undomiciled. (For patients who are homeless and receive care at Federally Qualified Health Centers, please refer to JF15.1)
24. Full Financial Aid will be granted to uninsured and underinsured minors receiving care in MMC's school health clinics. (For school health clinics that are Federally Qualified Health Centers, please refer to JF15.1.)
25. Immigration status is not a criterion used to determine eligibility.
26. MMC statements will reflect applicable financial aid or self-pay amounts.
27. MMC does not use extraordinary collection measures. The extraordinary collection measures we do not use include:
 - Garnishing of wages
 - Reporting to credit agencies
 - Forced Sale of Primary residence
 - Place Liens
 - Sell debt
 - Refuse service due to unpaid medical bills
 - Sue
28. Patients with any complaints about MMC's financial aid policy or process may call the New York State Department of Health Complaint Hotline at 1-800-804-5447. This information is also included on denial letters.

29. MMC will ensure that translations of the FAP, PLS and Application will be made into the primary language spoken by individuals that use the hospital that constitute the lesser of 1,000 people or 5% of the community serviced.

Any exceptions to the limits above shall be made on a case-by-case basis and require the approval of senior leadership. In implementing this policy, MMC shall comply with all other Federal, State, and local laws, rules, and regulations that may apply to activities conducted pursuant to this.

Attachment A: Federal Poverty Level and Financial Aid Rates

					
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					

Key Highlights:

- MMC's primary service area is New York State. Patients residing outside of New York State that receive emergency care are eligible for financial assistance.
- Financial aid policy is available to uninsured and underinsured individuals up to 500% of FPL who are approved for financial aid.
- Uninsured and Underinsured individuals above 500% of FPL residing in MMC's primary service area who receive medically necessary, infusion services or emergency care are eligible for a self-pay discount.
- Patients with prior debt at the hospital are not excluded from financial aid.
- Patients receiving outpatient care are not excluded from financial aid.
- In circumstances where supporting documentation could not be substantiated and/or an Experian check is returned with no information, charges will still be reduced to highest category as a self-pay discount or 65% of charges, whichever is less.
- MMC utilizes the look back method to calculate the amount generally billed. Medicare and commercial payer rates are used in the AGB calculation. The financial aid rates and Amount Generally Billed are to be evaluated by April 30th of every calendar year. The Amounts Generally Billed (AGB) percentage is available upon request at any of the financial aid locations or by emailing the financial aid office. Following a determination of Financial Assistance eligibility, an FAP-eligible individual cannot be charged more than the amount generally billed for emergency or medically necessary care.
- A comparison of the AGB % to the financial aid category rate is completed for patients that fall at or below 100% of FPL up to 500% of FPL and the patient is responsible for the lesser of the two. Eligible individuals may not be charged more than amounts generally billed.
- The fees are designated by FPL% level and service. The schedule shows fees for Professional (PB), Hospital (HB) and Combined (PB + HB).
- The following community center which is located near our facility has partnered with us to educate families on MMC's financial aid policy and application process.
MMCC Mosholu Montefiore Community Center (Moses Campus)
3450 DeKalb Avenue, Bronx NY 10467
Telephone number: (718) 882-4000
- Federally Qualified Health Centers are: Comprehensive Family Care Center, Comprehensive Health Care Center, Family Health Center, Williamsbridge Family Practice, Castle Hill Family Practice, West Farms Family Practice, University Ave Family Practice, Via Verde Family Practice, Marble Hill Family Practice, South Bronx Health Center, Center for Child Resiliency. 

- Uninsured and Underinsured patients receiving services at MMC's outpatient clinic locations can apply for financial aid at the time of clinic registration. All patients receiving services throughout MMC can visit any one of the financial aid offices above to begin or complete their applications. In EPIC there is a Federal Poverty Level (FPL) table that can be completed in lieu of the paper financial aid application. Documentation used for evaluation is scanned in and stored in the Electronic Patient Folder (EPF). The FPL table stores income, family size, effective and termination date, status, and type of documentation that was collected.
- Monthly payments are not to exceed 5% of a patient's monthly income. Extended payment plans are also offered through the appeals process. If responsible party makes a deposit, it is included as part of a payment towards his/her financial aid balance. MMC does not charge interest on balances.
- The provider list (which is a list of providers (other than the hospitals) that provide emergency and medically necessary care in the hospital facilities. The list shows whether the providers are covered by the financial aid policy or not.) is kept as a separate appendix and is updated quarterly. Patients can find a copy on the financial aid website or can request a hard copy by visiting or calling one of the following financial aid offices free of charge.
- Aid is available provided to patients with large medical bills if they otherwise do not qualify for free or discounted care. Patient Financial Services representative will assist patients with available options.
- A comparison of the AGB % to the financial aid category rate is completed for patients that fall at or below 100% of FPL up to 500% of FPL. Capped amount for Hospital Services in Attachment A are as follows (up to 500% of FPL):
 - ED visit rate is not to exceed 12% of hospital charges incurred.
 - Ambulatory surgery rate is not to exceed 22% of hospital charges incurred.
 - Medical Oncology Treatment rate is not to exceed 15% of hospital charges incurred.
 - Clinic Visit/Pathology/Renal/Radiology Test /Radiation Treatment rates are not to exceed 18% of hospital charges incurred.
 - Emergency Inpatient Admission rate is not to exceed 21% of hospital charges incurred.

Montefiore Medical Center Federally Qualified Health Center Sites (FQHC's)

Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$0	\$90	\$90
5	>500%	\$0	\$90	\$90

The Financial Aid Rates below apply to Non-Federally Qualified Health Center Sites:

Montefiore Medical Center New Patient Visit (NPV)

Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$50	\$200	\$250
5	>500%	61% of Billed	\$350	PB + HB rate

Montefiore Medical Center Established Patient Visit (EPV)

Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$25	\$200	\$225
5	>500%	61% of Billed	\$350	PB + HB rate

Montefiore Medical Center Emergency Department

Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$150	\$700	\$850
5	>500%	61% of Billed	\$1500	PB + HB rate

Montefiore Medical Center Emergency Inpatient Admission				
Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid	PB + HB rate
3	301-400%	20% of Medicaid	20% of Medicaid	PB + HB rate
4	401-500%	51% of Billed	\$13,500	PB + HB rate
5	>500%	61% of Billed	\$20,000	PB + HB rate

Montefiore Medical Center Medically Necessary Ambulatory Surgery				
Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid	PB+ HB rate
3	301-400%	20% of Medicaid	20% of Medicaid	PB + HB rate
4	401-500%	\$900	\$3,500	\$4,400
5	>500%	61% of Billed	\$5,000	PB + HB rate

Montefiore Medical Center Medically Necessary Gastrointestinal Procedure				
Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid	PB + HB rate
3	301-400%	20% of Medicaid	20% of Medicaid	PB + HB rate
4	401-500%	\$400	\$1,800	\$2,200
5	>500%	61% of Billed	\$2,500	PB + HB rate

Montefiore Medical Center Oncology (Infusion)

Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$0	\$1,600	\$1,600
5	>500%	\$0	\$4,700	\$4,700

Montefiore Medical Center Radiation Oncology

Pricing Levels	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$0	\$680	\$680
5	>500%	\$0	\$2,800	\$2,800

Montefiore Medical Center Radiology: X-Ray

Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid	= PB rate + HB rate
3	301-400%	20% of Medicaid	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$40	\$50	\$90
5	>500%	61% of Billed	65% of Billed	= PB rate + HB rate

Montefiore Medical Center Radiology: Ultrasound

Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid	= PB rate + HB rate
3	301-400%	20% of Medicaid	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$50	\$100	\$150
5	>500%	61% of Billed	65% of Billed	= PB rate + HB rate

Montefiore Medical Center Radiology: Mammogram

Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid	= PB rate + HB rate
3	301-400%	20% of Medicaid	20% of Medicaid	= PB rate + HB rate
4	401-500%	\$70	\$130	\$200
5	>500%	61% of Billed	65% of charges	= PB rate + HB rate

Montefiore Medical Center Radiology: CT scan

Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid	10% of Medicaid rate	= PB rate + HB rate
3	301-400%	20% of Medicaid	20% of Medicaid rate	= PB rate + HB rate
4	401-500%	\$125	\$250	= PB rate + HB rate
5	>500%	61% of Billed	65% of charges	= PB rate + HB rate

Montefiore Medical Center Radiology: Magnetic Resonance Imaging (MRI)

Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid rate	10% of Medicaid rate	= PB rate + HB rate
3	301-400%	20% of Medicaid rate	20% of Medicaid rate	= PB rate + HB rate
4	401-500%	\$150	\$550	\$700
5	>500%	61% of Billed	65% of charges	= PB rate + HB rate

Pricing Levels	% FPL	Montefiore Medical Center PET Scan (Global)
1	Below 200%	\$0
2	200-300%	10% Medicaid Rate
3	301-400%	20% of Medicaid Rate
4	401-500%	\$2,000
5	>500%	61% of Billed

Montefiore Medical Center's Center for Positive Living/Infectious Disease Clinic (NPV)				
Pricing Level	% FPL	PB Visit	HB Visit	Combined Visit
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid rate	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid rate	= PB rate + HB rate
4	401-500%	\$50	\$200	\$250
5	>500%	61% of Billed	\$350	PB + HB rate

Montefiore Medical Center's Center for Positive Living/Infectious Disease Clinic (EPV)				
Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	10% of Medicaid rate	10% of Medicaid rate	= PB rate + HB rate
3	301-400%	20% of Medicaid rate	20% of Medicaid rate	= PB rate + HB rate
4	401-500%	\$25	\$200	\$225
5	>500%	61% of Billed	\$350	PB + HB rate

		Pathology (Lab Services)		
Pricing Level	% FPL	PB	HB	Combined
1	Below 200%	\$0	\$0	\$0
2	200-300%	\$0	10% of Medicaid rate	= PB rate + HB rate
3	301-400%	\$0	20% of Medicaid rate	= PB rate + HB rate
4	401-500%	\$50	\$200	\$250
5	>500%	61% of Billed	\$350	PB + HB

Patients who have health insurance, but have spent more than 10% of their income on out-of-pocket medical

Income Level	Payment
Below 200% FPL	Waive all charges
200% - 300% FPL	Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid. Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing.
301% - 400% FPL	Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid. Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing.
Over 401%	Montefiore Medical Center also provides sliding scale rates for above 400%. Please speak with your Patient Financial Services representative to obtain.

Notes:

All Hospital Balance (HB) amounts above include the New York State surcharge.

All unfavorable decisions or denied applications can be appealed within 30 days of decision.

Attachment B: Other Healthcare Facilities Covered Under this Financial Aid Policy

SITE NAME

Montefiore Medical Group 4 - Family Care Center
Montefiore Medical Group - Williamsbridge
Montefiore Medical Group - White Plains Road
Montefiore Medical Group - West Farms Family Practice
Montefiore Medical Group - Via Verde
Montefiore Medical Group - University Avenue Family Practice
Montefiore Medical Group - Riverdale
Montefiore Medical Group - Marble Hill Family Practice
Montefiore Medical Group - Greene Medical Arts Pavilion
Montefiore Medical Group - Family Health Center
Montefiore Medical Group - Eastchester
Montefiore Medical Group - Co-op City Office
Montefiore Medical Group - Comprehensive Health Care Center
Montefiore Medical Group - Comprehensive Family Care Center
Montefiore Medical Group - Castle Hill Family Practice
Montefiore Medical Group - Burke Avenue
Montefiore Medical Group - Astor Avenue Pediatrics
Montefiore Medical Center (MMC)- Orthopedic Surgery Practice
MMC Neurosurgery Practice and Interventional Radiology
MMC Neurology Practice
MMC GI Practice
MMC East Tremont Family Practice
MMC Advanced Imaging
Larchmont Women's Center
Jennie A. Clark Residence - Women in Need
Icahn House Family Shelter
Help Bronx Crotona
Greene Medical Arts Pavilion
Grand Concourse Women's Center
Grand Concourse
East Tremont Family Medical
Diagnostic and Treatment Center (Family Care Center)
Cross County
Co-Op City
Cardiovascular Associates of Westchester
Bronx East
Bronx Cardiac
Centennial Women's Center
Women's Medical Associates
Women's Health at Wakefield Hospital

Women in Need - Suzanne's Place
Williamsbridge Cardiology
Westchester Heart Specialist
Wakefield Campus of the Department of Orthopedic Surgery
Wakefield Campus of the Department of Ophthalmology and Visual Sciences
Wakefield Ambulatory Care Center
Scarsdale Women's Center
Saratoga Interfaith Family Shelter
Saint John's Family Shelter
Riverdale Women's Center
Ridge Hill Cardiology
Obs/Gyn at Woodlawn (Van Cortlandt)
New Day Domestic Violence Shelter
Montefiore Wakefield Child Psych Clinic
Montefiore School Health Program - William Howard Taft High School
Montefiore School Health Program - Walton High School
Montefiore School Health Program - Theodore Roosevelt Campus
Montefiore School Health Program - Stevenson High School
Montefiore School Health Program - South Bronx Campus
Montefiore School Health Program - P.S./M.S. 95
Montefiore School Health Program - P.S. 85
Montefiore School Health Program - P.S. 8
Montefiore School Health Program - P.S. 64
Montefiore School Health Program - P.S. 55
Montefiore School Health Program - P.S. 28
Montefiore School Health Program - P.S. 105
Montefiore School Health Program - New Settlement Community Campus
Montefiore School Health Program - Mott Haven H.S. Campus
Montefiore School Health Program – Morris High School
Montefiore School Health Program - M.S. 45
Montefiore School Health Program - M.S. 142 John Philip Sousa
Montefiore School Health Program - I.S. 217 - Entrada Academy and Charter School
Montefiore School Health Program - Herbert H. Lehman Campus
Montefiore School Health Program - Evander Childs Campus
Montefiore School Health Program - DeWitt Clinton High School
Montefiore School Health Program - Christopher Columbus Campus
Montefiore School Health Program - Bronx Regional High School
Montefiore School Health Program – IS 174
Montefiore School Health Program – PS 99
Montefiore School Health Program – MS 113
Montefiore School Health Program – MS 145

Montefiore School Health Program – PS 198
Montefiore School Health Program – PS 199
Montefiore School Health Program – PS 147
Montefiore School Health Program – JHS 151/ Kipp Academy HS
Montefiore School Health Program – IS 98/ Bronx Envision High School
Montefiore Moses Child/Adolescent Clinic
Montefiore Moses Adult/Child Outpatient
Montefiore Medical Park
Montefiore Medical Center - Wakefield Cardiovascular Center
Montefiore Medical Center - Substance Abuse Treatment Program Unit 3
Montefiore Medical Center - Substance Abuse Treatment Program Unit 1
Montefiore Medical Center - STD Initiative
Montefiore Medical Center - South Bronx Health Center for Children and Families
Montefiore Medical Center - Safe House For Lead Poisoning Prevention Program
Montefiore Medical Center - New York Children's Health Project
Montefiore Medical Center - Montefiore Wakefield Chemical Dependency Outpatient Program
Montefiore Medical Center - Montefiore Medical Park Outpatient Rehabilitation Services
Montefiore Medical Center - Montefiore Medical Park Orthodontic Center
Montefiore Medical Center - Montefiore Einstein Center for Cancer Care
Montefiore Medical Center - Montefiore Cardiology
Montefiore Medical Center - Montefiore Advanced Imaging Montefiore Medical Park
Montefiore Medical Center - Montefiore Advanced Imaging Medical Arts Pavilion
Montefiore Medical Center - J.E. and Z.B. Butler Child Advocacy Center
Montefiore Medical Center - Center for Radiation Therapy
Montefiore Medical Center - Center for Child Health and Resiliency
Montefiore Hutchinson Campus
Montefiore Behavioral Health Center at Westchester Square
Montefiore Behavioral Health Center
Montefiore Medical Center - Montefiore Wakefield Mental Health Center
Montefiore Medical Group-Eastchester
Montefiore Medical Group-Cross County
Rose F. Kennedy (RFK) Children’s Evaluation & Rehabilitation Center (CERC): 358 St. Marks Place, Staten Island, NY 10301
Rose F. Kennedy (RFK) Children’s Evaluation & Rehabilitation Center (CERC): 1225 Morris Park Avenue, Bronx, NY 10461
Rose F. Kennedy (RFK) Children’s Evaluation & Rehabilitation Center (CERC): 1165 Rockaway Avenue, Brooklyn, NY 11236
Rose F. Kennedy (RFK) Children’s Evaluation & Rehabilitation Center (CERC): 161-10 Jamaica Avenue, Queens, NY 11432
Wellness Center at Waters Place
Wellness Center at Port Morris
Wellness Center at Melrose

Approved by: Colleen Blye Date: _____

Colleen Blye

Executive Vice President, CFO & Chief Business Officer