



Bassett Healthcare Network Financial Assistance Policy – Plain Language Summary

The Financial Assistance Policy ("FAP") of Bassett Healthcare Network, which includes The Mary Imogene Bassett Hospital, d/b/a/ Bassett Medical Center (Bassett), A.O. Fox Memorial Hospital (FOX), O'Connor Hospital, Cobleskill Regional Hospital and Little Falls Hospital (collectively "Bassett Healthcare Network") is available to patients who are uninsured or underinsured with a demonstrated inability to pay. Financial assistance applies to medical necessary services that are provided and billed by the entities above including emergency room care.

If you are having trouble paying your medical bill, you may qualify for a discount. Patients are encouraged to complete & submit a financial assistance application, which are available online at **bassett.org**, by calling **607-547-3093**, or on your statement as well as in all registration areas.

Submit or mail your completed application to: Attention: **Financial Assistance Program, One Atwell Road, Cooperstown, NY 13326**

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than 200% of the Federal Poverty Level ("FPL"). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Uninsured	
Income Level	Charity Eligibility
Below 200% FPL	Waive all charges
200-300% FPL	Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid
301-400% FPL	Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid

Underinsured	
Income Level	Charity Eligibility
Below 200% FPL	Waive all charges
200-300% FPL	Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing, provided that the patient has already paid expenses amounting to at least 10% of their gross annual income.
301-400% FPL	Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing, provided that the patient has already paid expenses amounting to at least 10% of their gross annual income.

All applicants will receive a written approval or denial information including appeal instructions within 30 days of receipt of a complete application. Free interpretive services are available through the **Financial Counseling Office at 607-547-3093**.

Note: Financial assistance does not cover services provided or billed by a non-Bassett entity, convenient items or personal charges, non-medically necessary services (i.e., cosmetic, oral, bariatric surgery), routine dental care, eyewear/contact lenses, skilled nursing home services.

For help, assistance or questions please call the **Financial Counseling Office at 607-547-3093**.