



Financial assistance policy summary

Consistent with our mission, Hartford HealthCare (HHC) provides financial assistance to all eligible individuals who meet the criteria in our Financial Assistance Policy.

It is HHC's policy to provide, without discrimination, emergent care for everyone regardless of their eligibility for medical benefits, financial or government assistance. Your questions about the Financial Assistance Policy and the Application for Financial Assistance, the terms and eligibility can be requested in person through any HHC employee at a location listed below, via telephone or on our website.

If you have no insurance (uninsured), your insurance will not pay all of the bills leaving you with a balance (underinsured), and/or you are not eligible for any government health care benefit program and unable to pay for the health care services, you may be eligible for financial assistance. To determine eligibility for financial assistance factors may include family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. medically indigent) and other financial resources available to the patient. Under the Financial Assistance Policy, patients whose household income is at or below 250% of the Federal Poverty Level may be eligible for a discount of 100% of their financial obligations. Patients with family income between 250% and 400% of the Federal Poverty Level may be eligible to qualify for a discount of between 25-75%. In addition, a patient who is determined to be unable to pay their bills because their medical expenses exceed at least 50% of their annual gross family income may be eligible for discounts of between 65-90% of their financial obligations as specifically set forth in Appendix A to the Financial Assistance Policy.

Note: Financial assistance eligible individuals will not be charged more for emergency or medically necessary care than the amount generally billed. Financial assistance is not available for non-medically necessary services such as cosmetic procedures and residential treatment service.

How to apply for financial assistance:

Free copies of the Financial Assistance Policy and application can be obtained through any of these sources:



In person
At a facility location (listed below)



Over the phone
1-860-696-6010



Online
www.HartfordHealthCare.org



By mail
Hartford HealthCare, Customer Service
PO Box 310911
Newington, CT 06111

Cómo solicitar asistencia financiera:

De acuerdo con nuestra misión, Hartford HealthCare brinda ayuda financiera a personas que cumplen con los criterios de nuestra Política de Ayuda Financiera. Para obtener una copia de la política, solicitud y resumen en español, visite nuestro sitio web en www.HartfordHealthCare.org o llame al 860-696-6010.

Jak ubiegać się o pomoc finansową:

Zgodnie z naszą misją, Hartford HealthCare zapewnia pomoc finansową osobom, które spełniają kryteria naszych zasad przyznawania pomocy finansowej. Kopie tych zasad, wniosek oraz streszczenie w języku polskim można uzyskać na naszej stronie www.HartfordHealthCare.org lub pod numerem telefonu: 860-696-6010.



Facility locations

Rushford
Registration
1250 Silver Street
Middletown, CT 06457
860.346.0300
rushford.org

Hartford Hospital
Financial Assistance
Main Admitting Department
80 Seymour Street
Hartford, CT 06102
860.696.6010
hartfordhospital.org

MidState Medical Center
Financial Counselors
Main Admitting Department
435 Lewis Avenue
Meriden, CT 06451
860.696.6010
midstatemedical.org

St. Vincent's Medical Center
Main Admitting Department
2800 Main Street
Bridgeport, CT 06606
203.576.6257
www.stvincents.org

The Hospital of Central Connecticut
Financial Counselors
Main Admitting Department
100 Grand Street
New Britain, CT 06050
860.696.6010
thocc.org

Natchaug Hospital
Patient Accounts
189 Storrs Road
Mansfield, CT 06250
1.800.426.7792
natchaug.org

Windham Hospital
Financial Counselors
Main Admitting Department
112 Mansfield Avenue
Willimantic, CT 06226
860.696.6010
windhamhospital.org

Charlotte Hungerford Hospital
Outpatient Registration
540 Litchfield Street
Torrington, CT 06790
860.496.6220
charlottehungerford.org

Backus Hospital
Financial Counseling Unit
326 Washington Street
Norwich, CT 06360
860.696.6010
backushospital.org



Facility fees for hospital outpatients

If you received services as a hospital outpatient, you and/or your insurance company may be billed for a facility fee, in addition to a physician fee. The **facility fee**, also referred to as the technical fee, is billed to cover the labor and non-labor (operational) expenses of the hospital associated with your visit.

The **physician fee**, also referred to as the professional fee, is billed to cover the labor expense of the physician or other medical professional who provided services during your visit. If these same services were provided in a physician office, you and/or your insurance company would have been billed for a physician fee that included both the labor and non-labor expenses of the physician office, and the labor expense of the physician or other medical professional who provided services during your visit. This all-inclusive physician fee from the physician office may have been less than the combination of the separate facility fee and physician fee for services received as a hospital outpatient.

Medicare requires hospitals to bill facility and physician fees separately for services to hospital outpatients. For comparison purposes, Medicare reimburses Hartford HealthCare Hospitals for their facility fees within the following ranges: Hartford Hospital \$54.45-\$136.13, Windham Hospital \$55.56-\$138.91, Backus Hospital \$55.56-\$138.91, Charlotte Hungerford Hospital \$54.45-\$136.13, Hospital of Central Connecticut \$54.60-\$136.49, MidState Medical Center \$55.56-\$138.91 and St. Vincent's Medical Center \$57.50-\$143.75.

Your insurance company will be able to provide you with information on their reimbursement to Hartford HealthCare Hospitals for hospital outpatients.



If you are unable to pay your portion of this facility fee or any other portion of your bill, please contact **1-860-696-6010** to request a reduction or apply for financial assistance.

This ratio represents our gross revenue compared to our total operating expenses. Each entity is distinct and variable for budget year 2021 as listed below:

Esta proporción representa nuestros ingresos brutos en comparación con nuestros gastos totales de funcionamiento. Cada entidad es distinta y variable para el año presupuestario 2021 como se indica a continuación:

Wskaźnik ten przedstawia nasze przychody brutto w porównaniu z naszymi łącznymi kosztami operacyjnymi. Każdy podmiot jest odrębny i zmienny w roku budżetowym 2021, jak podano poniżej:

Ratio of Cost to Charge for Budget Year 2021

Proporción entre costos y gastos para el año presupuestario 2021

Stosunek kosztów do obciążenia za rok budżetowy 2021

Hartford Hospital	36%
Hospital of Central Connecticut	32%
MidState Medical Center	35%
William Backus Hospital	32%
Windham Hospital	37%
Charlotte Hungerford Hospital	36%
St. Vincent's Medical Center	34%
Hartford HealthCare at Home	85%



Language translation support

Website: www.hartfordhealthcare.org/billnotice Phone: 1-860-972-3197 (TTY: 1-860-545-2247)

English: You may receive a translated copy of this notice from hartfordhealthcare.org/billnotice. Also, language assistance services, free of charge, are available to you. Call 1-860-972-3197 (TTY: 1-860-545-2247).

Spanish: Puede obtener una copia traducida de este aviso en hartfordhealthcare.org/billnotice. Además, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al 1-860-972-3197 (TTY: 1-860-545-2247).

Italian: Potrebbe ricevere una copia tradotta di questo avviso da hartfordhealthcare.org/billnotice. Inoltre sono disponibili per Lei servizi di assistenza linguistica, gratuiti, telefonando al numero: 1-860-972-3197 (TTY: 1-860-545-2247).

Russian: Вы можете получить переведенную копию этого уведомления по адресу hartfordhealthcare.org/billnotice. Кроме того, Вам доступны бесплатные услуги языковой помощи. Позвоните по номеру 1-860-972-3197 (Для лиц с нарушениями слуха: 1-860-545-2247).

Polish: Przetłumaczony egzemplarz tego powiadomienia można otrzymać ze strony hartfordhealthcare.org/billnotice. Ponadto dostępne są też bezpłatne usługi tłumaczeniowe. Prosimy zadzwonić pod numer 1-860-972-3197 (TTY: 1-860-545-2247).

Portuguese: Você irá receber uma cópia traduzida desta notificação de hartfordhealthcare.org/billnotice. Além disso, você tem acesso a serviços gratuitos de assistência em diversos idiomas. Ligue para 1-860-972-3197 (Para pessoas com deficiência auditiva: 1-860-545-2247).

Vietnamese: Bạn có thể nhận được bản dịch của thông báo này từ hartfordhealthcare.org/billnotice. Ngoài ra, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, luôn sẵn sàng cho bạn. Gọi số 1-860-972-3197 (TTY: 1-860-545-2247).

Hindi: आपको hartfordhealthcare.org/billnotice से इस नोटिस की अनुवादित प्रति प्राप्त हो सकती है। साथ ही, आपके लिए भाषा सहायता सेवाएं, मुफ्त, उपलब्ध हैं। 1-860-972-3197 पर कॉल करें (TTY: 1-860-545-2247)।

Greek: Ενδεχομένως να λάβετε ένα μεταφρασμένο αντίγραφο της παρούσας ειδοποίησης από το hartfordhealthcare.org/billnotice. Επίσης, είναι διαθέσιμες προς εσάς υπηρεσίες γλωσσικής υποστήριξης δίχως χρέωση. Καλέστε το 1-860-972-3197 (TTY: 1-860-545-2247).

Tagalog: Maaari kang makatanggap ng kopyang isinalin sa Tagalog ng abisong ito mula sa hartfordhealthcare.org/billnotice. Bukod dito, makakakuha ka ng mga serbisyong tulong sa wika na walang bayad. Tumawag sa 1-860-972-3197 (TTY: 1-860-545-2247).

Haitian Creole: Ou ka resevwa yon kopi tradui avi sa a nan hartfordhealthcare.org/billnotice. An plis, sèvis asistans ak lang gratis disponib a oumenm. Rele 1-860-972-3197 (TTY: 1-860-545-2247).

French: Si vous le souhaitez, un exemplaire traduit de cet avis peut être obtenu ici : hartfordhealthcare.org/billnotice. Aussi, des services d'assistance linguistique gratuits vous sont proposés. Composez le 1-860-972-3197 (TTY : 1-860-545-2247).

Albanian: Një kopje të përkthyer të këtij njoftimi mund ta tërhiqni nga faqja e internetit hartfordhealthcare.org/billnotice. Edhe shërbimet gjuhësore që ofrohen falas, do të jenë në dispozicionin tuaj. Telefononi në nr. 1-860-972-3197 (TTY: 1-860-545-2247).

Korean: 귀하는 hartfordhealthcare.org/billnotice로부터 이 고지의 번역본을 받으실 수 있습니다. 또한 무료 통번역 서비스를 제공 합니다. 1-860-972-3197 (TTY: 1-860-545-2247)로 전화하시기 바랍니다.

Chinese: 你可收到 hartfordhealthcare.org/billnotice 寄送的本通知译本。此外，你可免费获得语言协助服务。请拨打 1-860-972-3197 (TTY: 1-860-545-2247)。

Arabic:

يمكنك أيضاً أن تتوصلوا بنسخة مترجمة من هذا الاشعار من hartfordhealthcare.org/billnotice. كما متاح لك المساعدة اللغوية مجاناً. اتصل بالرقم 1-860-972-3197 (الهاتف النصي: 1-860-545-2247).