

BLYTHEDALE CHILDREN'S HOSPITAL

FINANCIAL ASSISTANCE POLICY – PLAIN LANGUAGE SUMMARY

Blythedale Children's Hospital's (BCH) Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted medically necessary healthcare services provided by BCH. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services – Medically necessary healthcare services provided by BCH and billed by BCH. The FAP only applies to services billed by BCH. Other services which are separately billed by other providers, such as physicians or laboratories, are not eligible under the FAP.

Eligible Patients – Patients receiving eligible services, who submit a completed NYS Uniform Hospital Financial Assistance Application (including related documentation/information), and who are determined eligible for financial assistance by BCH in accordance with NYS guidelines.

How to Apply – FAP and related Application Form may be obtained/completed/submitted as follows:

- At BCH's main Registration desk
- Request documents be mailed to you, by calling BCH's Patient Accounts Department at: (914) 831-1786.
- Patient Accounts Department located at Blythedale Children's Hospital, 95 Bradhurst Avenue, Valhalla, NY 10595. LCoppolino@blythedale.org; visiting In-person, come to the 1st Floor – Room 1510. (BCH's Financial Assistance Policy is also available upon request by mail, or in person, at this location)
- Download the documents from BCH's website: <https://blythedale.org>
- Mail completed applications (with all documentation/information specified in the application instructions) to BCH's Patient Accounts Dept., 95 Bradhurst Ave, Valhalla, NY 10595; or deliver in person to Lisa-Marie Coppolino

Determination of Financial Assistance Eligibility – Generally, Eligible Persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 400% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). Financial Assistance levels are based solely on Family Income and FPG as well as if they are considered uninsured or underinsured, and are:

Blythedale Children's Hospital

Federal Poverty Guideline	
1 person	\$14,580
2 persons	\$19,350
3 persons	\$24,060
4 persons	\$28,720
5 persons	\$33,380
6 persons	\$38,040
7 persons	\$42,700
8 persons	\$47,360
9 persons	\$52,020
10 persons	\$56,680

Underinsured Eligibility	
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Family Size/Family Responsibility (Discounted)							
# persons in family/household	2025 FPG	200% of 2025 FPG	201%	300%	301%	400%	>= 400%
1	\$ 15,650	\$ 31,300	\$ 31,457	\$ 46,950	\$ 47,107	\$ 62,600	\$ 62,601
2	\$ 21,150	\$ 42,300	\$ 42,512	\$ 63,450	\$ 63,662	\$ 84,600	\$ 84,601
3	\$ 26,650	\$ 53,300	\$ 53,567	\$ 79,950	\$ 80,217	\$ 106,600	\$ 106,601
4	\$ 32,150	\$ 64,300	\$ 64,622	\$ 96,450	\$ 96,772	\$ 128,600	\$ 128,601
5	\$ 37,650	\$ 75,300	\$ 75,677	\$ 112,950	\$ 113,327	\$ 150,600	\$ 150,601
6	\$ 43,150	\$ 86,300	\$ 86,732	\$ 129,450	\$ 129,882	\$ 172,600	\$ 172,601
7	\$ 48,650	\$ 97,300	\$ 97,787	\$ 145,950	\$ 146,437	\$ 194,600	\$ 194,601
8	\$ 54,150	\$ 108,300	\$ 108,842	\$ 162,450	\$ 162,992	\$ 216,600	\$ 216,601
Responsibility - % of Cost Share							
		0%	10%	10%	20%	20%	100%
Eligibility for cost reduction:							
<i>To qualify for cost share reduction, the cost share of ALL medical and dental costs from all sources, in the previous 12 months, must be more than 10% of gross income (annual).</i>							

Blythedale Children's Hospital								
Federal Poverty Guideline								
Uninsured Eligibility								
Family Size/Family Responsibility (Discounted)								
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1	\$ 15,650	\$ 31,300	\$ 31,457	\$ 46,950	\$ 47,107	\$ 62,600	\$ 62,601	
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Patient Responsibility - % of MCD Rate			0%	10%	10%	20%	20%	100%
Eligibility for cost reduction:								
The patient must not have ANY insurance coverage from any sources. Charges are reduced to the Medicaid rate and patient responsibility is based on these charges.								

Note: If no family income is reported, information will be required as to how daily needs are met. BCH's Patient Financial Services (PFS) reviews submitted applications which are complete, and determines financial assistance eligibility in accordance with NYS Healthcare Financial Assistance Law. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information.

BCH also translates its FAP, NYS Uniform Financial Assistance Application Form and the Plain Language Summary of its FAP into languages wherein the primary language of the residents of the community served by BCH represents 5 percent or 1,000; whichever is less; of the

population of individuals likely to be affected or encountered by BCH. Translated versions available upon request in person at the address below; and on BCH's website.

For help, assistance or questions, please visit or call: BCH's Patient Accounts Department located at 95 Bradhurst Ave, Valhalla, NY 10595; Visiting In-person, come to 1st Floor – Room 1510, Monday through Friday from 8:30AM to 5:00 PM.