

Financial Assistance Policy – Plain Language Summary

Connecticut Children's Medical Center and Connecticut Children's Specialty Group, Inc. (collectively Connecticut Children's) Financial Assistance Policy (FAP) exists to ensure no one is denied emergent or other medically necessary services due to an inability to pay. We provide financial assistance to families who are uninsured, underinsured, or ineligible for other government assistance, or are otherwise unable to pay for their care based on their individual financial situations. Patients seeking financial assistance must apply for the program, which is summarized herein.

ELIGIBLE SERVICES: Financial Assistance is only available for emergency or other medically necessary healthcare services. Not all services provided at Connecticut Children's are covered under the FAP. Certain services which are billed separately by other providers or contracted vendors may not be covered. Please refer to the appendix of Connecticut Children's FAP for a list of outside providers that provide healthcare services at Connecticut Children's.

ELIGIBLE PATIENTS: Patients receiving eligible services, who meet the eligibility criteria and submit a completed financial application. Additional documentation may be required in certain circumstances. Financial Counselors will contact the patient if additional information is needed.

HOW TO APPLY:

The policy and application are available,

- Online at

www.connecticutchildrens.org/patients-and-families/billing-and-finances/

- Call our Financial Counseling Office at 860.545.8086, Monday - Friday: 8am – 4:30pm

- Visit the Cashier's Office located at:
Connecticut Children's Medical Center
282 Washington Street | Office 2C
Hartford, CT 06106

- Applications can be sent to any of following:
Email: FinCounselors@connecticutchildrens.org
Fax: 860.545.9057; **ATTN:** Fin Counsel – PFA

U.S. Mail:

Connecticut Children's Financial Counseling
282 Washington Street, Suite 2D
Hartford, CT 06106



Financial Assistance Eligibility: Generally, patients may be eligible for full or partial financial assistance based on their family size and income in comparison to Federal Poverty Guidelines (FPL):

- Full Financial Assistance (100% or \$0 billable to patient of services under the PFA):
 - o Family income less than or equal to 250% of FPL
- Partial Financial Assistance (45% of applicable billable charges)
 - o Family income greater than 250% but less than or equal to 500% of FPL

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed (AGB) for emergency or other medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under the FAP. For services other than Primary Care, eligibility is limited to patients who are residents of Connecticut, Massachusetts, and New York.

Availability of Translation Services:

The policy and application can be available in your preferred language upon request. Please ask a team member for your help, call our Language Service Line at 844.654.9113, or email our translation team at writtentranslation@connecticutchildrens.org

For questions, estimates, or payment plan options, please contact our Financial Counselors by calling 860.545.8086 or text 860.891.2726. We are here for you!

