



**Hunterdon
Medical Center**
2100 Wescott Drive, Flemington, NJ 08822

NOTICE OF HOSPITAL PAYMENT ASSISTANCE PROGRAM

Hunterdon Medical Center will provide services without charge or at a reduced charge to New Jersey residents who:

1. Have no health coverage or have coverage that pays only for part of the bill; **and**
2. Are ineligible for any private or government sponsored coverage (such as Medicaid); **and**
3. Meet **both** the income and assets eligibility criteria listed below, as well as being able to prove New Jersey Residency at the time of service.

Income Criteria

Income as a Percentage of HHS Poverty Income Guidelines	Percentage of Charge Paid by Patient
Less than or equal to 200%	0%
Greater than 200% by less than or equal to 225%	20%
Greater than 225% by less than or equal to 250%	40%
Greater than 250% by less than or equal to 275%	60%
Greater than 275% by less than or equal to 300%	80%
Greater than 300%	100%

If patients on the 20% to 80% sliding fee scale are responsible for Chapter 83 hospital bills in excess of 30% of their gross annual income (i.e., bills unpaid by other parties), then the amount in excess of 30% is considered for 100% assistance.

Individual liquid assets cannot exceed \$7,500 and family liquid assets cannot exceed \$15,000.

When determining eligibility, a spouse's income and assets must be used for an adult and parent's(s') income and assets must be used for a minor child.

Anyone seeking a determination of eligibility for Hospital Payment Assistance may apply at the Patient Accounts Office located on the first floor to the left of the front door.

Hunterdon Medical Center will make a written determination of whether the applicant is eligible as soon as possible, but no more than ten working days from the time a completed application is submitted. If the request does not include adequate documentation to make a determination, the request shall be denied. The applicant will then be allowed to present additional documentation.

Applicants found ineligible may reapply at a future time when they present themselves for services and believe their financial circumstances have changed.

Hospital Payment Assistance is available only for medically necessary care.

HUNTERDON MEDICAL CENTER PAYMENT ASSISTANCE PROGRAM

APPLICATION INSTRUCTIONS

Please complete the attached application and provide necessary documentation as outlined on this instruction sheet. Incomplete applications will be returned in full with instructions as to what additional information is needed to process the application.

Return to: Hunterdon Medical Center
 2100 Wescott Drive
 Flemington, NJ 08822.
 Patient Accounts Department
 Attention: Patient Accounts Department

If you should have any questions, please call: 908-788-6574

When filling out the application, please fill in all blanks. If a question does not apply to your situation please put none, N/A or 0 in the blank. Remember that if you claim anything for assets (#11) or income (#12), you must provide proof of these amounts.

1. **Initial Date of Service & Location.** Before an application can be accepted, you must declare when and where the appointment was or will be. If a service was provided by a physician, please include proof of your appointment to identify the first date needed to be covered.
2. **Proof of income for three months** prior to date of service. (Example: Service date of June 1 – Need to provide proof of income for March, April, & May. This includes copies of pay stubs, employer's statement of gross earnings, profit/loss statement, if self-employed.) **Also need complete income tax return for the previous year.**
3. **One form of identification.** (Example: Copy of New Jersey driver's license, voter registration card, alien registration card, birth certificate, employee ID, etc.). **For all family members listed on application.**
4. **Proof of New Jersey residency** at time of service (unless applying for emergency admission). **Note:** New Jersey driver's license serves as proof of residency and identification.
5. **Copies of bank statements** covering date of service or statements one (1) month prior to date of service.
6. **Proof of value** of any other assets at time of service.

IMPORTANT: This program covers hospital services provided by HMC. Services provided by private physician practices (example: Pegasus Emergency Group who are the emergency room doctors, or Hunterdon Radiology) may require a co-pay or fee for services. Practices who participate with this program may charge up to 20% of their usual fee. It is up to you to find out what your financial responsibility will be.