

# FINANCIAL ASSISTANCE

## Plain Language Summary of Policy

Gifford\* provides care for emergency medical conditions and medically necessary services to individuals regardless of ability to pay; eligibility for financial or government assistance; age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. Additionally, Gifford strives to ensure that the financial capacity of individuals who need health care services does not prevent them from seeking or receiving care. This document provides a summary of Gifford's Financial Assistance Policy.

### FINANCIAL ASSISTANCE AND ELIGIBILITY

Gifford provides financial assistance to individuals who receive medically necessary care and:

- are uninsured or under-insured;
- are ineligible for, or underinsured through, a government program or Vermont's Health Insurance Marketplace (Vermont Health Connect);
- do not qualify for governmental assistance, such as Medicare or Medicaid; and,
- provide documentation of qualifying income criteria.

Gifford does not impose extraordinary collections actions, such as wage garnishments, liens on primary residences, or other legal actions, for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance.

### INCOME ELIGIBILITY AND AMOUNT OF ASSISTANCE

Gifford provides free and sliding fee-discounted services to persons eligible under applicable Federal Poverty Guidelines. Eligibility is determined by measuring family income against the Income Poverty Guidelines established by the Department of Health and Human Services. **Please see table below.**

Patients with no insurance who are eligible for assistance under this policy will not be charged more for medically necessary care than amounts generally billed (AGB) to insured individuals. Based on the past year's average of commercial insurance and Medicare payment amounts, Gifford applies a 50% AGB discount to the patient's balance before applying the sliding-scale discount. Patients with insurance who are eligible for assistance under this policy will have the sliding-fee discount applied to any and all out-of-pocket costs (co-payments, deductibles), subject to legal/contractual restrictions.

### HOW TO APPLY

A patient may apply for assistance by completing a Financial Assistance Application and submitting to the Financial Assistance Coordinator, Health Connections Office, 2nd Floor, Gifford Medical Center, 44 South Main Street, Randolph, VT 05060.

The Financial Assistance Application as well as the full Financial Assistance Policy and this summary of policy are available to download as PDFs at:

[giffordhealthcare.org/service/financial-assistance](http://giffordhealthcare.org/service/financial-assistance)

For more information about applying for financial assistance, to request a form by mail, or to receive a translation, call 802-728-2323, [FinancialAssistance@giffordhealthcare.org](mailto:FinancialAssistance@giffordhealthcare.org), or visit the Health Connections Office on the 2nd Floor at Gifford Medical Center.

\*Gifford refers to Gifford Health Care (GHC), a Federally Qualified Health Center (FQHC), and Gifford Medical Center (GMC), a Critical Access Hospital. Gifford Health Care provides primary care, including OB-GYN and midwifery. Gifford Medical Center provides hospital services, including lab and radiology.

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME EQUAL TO OR LESS THAN:					
	100%	150%	175%	200%	250%	300%
1	\$15,060	\$22,590	\$26,355	\$30,120	\$37,650	\$45,180
2	\$20,440	\$30,660	\$35,770	\$40,880	\$51,100	\$61,320
3	\$25,820	\$38,730	\$45,185	\$51,640	\$64,550	\$77,460
4	\$31,200	\$46,800	\$54,600	\$62,400	\$78,000	\$93,600
5	\$36,580	\$54,870	\$64,015	\$73,160	\$91,450	\$109,740
6	\$41,960	\$62,940	\$73,430	\$83,920	\$104,900	\$125,880
7	\$47,340	\$71,010	\$82,845	\$94,680	\$118,350	\$142,020
8	\$52,720	\$79,080	\$92,260	\$105,440	\$131,800	\$158,160
GHC Sliding Fee Discount	Free Care	Free Care	Free Care	Free Care	Free Care	40% Discount
GMC Sliding Fee Discount	Free Care	Free Care	Free Care	Free Care	Free Care	40% Discount

For more information, call  
**802-728-2323**



[giffordhealthcare.org](http://giffordhealthcare.org)