

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, ethnicity, 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 who are eligible 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 Health Care, 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

For more information about applying for financial assistance, to request a form by mail, call 802-728-2323, FinancialAssistance@giffordhealthcare.org, or visit the Health Connections Office on the 2nd Floor at Gifford Health Care.

*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, psychiatry and counseling. Gifford Medical Center provides hospital services, specialty services, and lab and radiology services.

HOUSEHOLD SIZE	ANNUAL HOUSEHOLD INCOME:						
	100% Column A	101-150% Column B	151%-200% Column C	201-250% Column D	251-400% Column E	401-600% Column F	601% Column G
1	\$15,060 or less	\$15,061 - \$22,590	\$22,591 - \$30,120	\$30,121 - \$37,650	\$37,651 - \$60,240	\$60,241 - \$90,360	Over \$90,360
2	\$20,440 or less	\$20,441 - \$30,660	\$30,661 - \$40,880	\$40,881 - \$51,100	\$51,101 - \$81,760	\$81,761 - \$122,640	Over \$122,640
3	\$25,820 or less	\$25,821 - \$38,730	\$38,731 - \$51,640	\$51,641 - \$64,550	\$64,551 - \$103,280	\$103,281 - \$154,920	Over \$154,920
4	\$31,200 or less	\$31,201 - \$46,800	\$46,801 - \$62,400	\$62,401 - \$78,000	\$78,001 - \$124,800	\$124,801 - \$187,200	Over \$187,200
5	\$36,580 or less	\$36,581 - \$54,870	\$54,871 - \$73,160	\$73,161 - \$91,450	\$91,451 - \$146,320	\$146,321 - \$219,480	Over \$219,480
6	\$41,960 or less	\$41,961 - \$62,940	\$62,941 - \$83,920	\$83,921 - \$104,900	\$104,901 - \$167,840	\$167,841 - \$251,760	Over \$251,760
7	\$47,340 or less	\$47,341 - \$71,010	\$71,011 - \$94,680	\$94,681 - \$118,350	\$118,351 - \$189,360	\$189,361 - \$284,040	Over \$284,040
8	\$52,720 or less	\$52,721 - \$79,080	\$79,081 - \$105,440	\$105,441 - \$131,800	\$131,801 - \$210,880	\$210,881 - \$316,320	Over \$316,320
GHC Sliding Fee Discount	Free Care/Waiver of 100% of Out of Pocket Costs				40% Discount	No Discount	No Discount
GMC Sliding Fee Discount	Free Care/Waiver of 100% of Out of Pocket Costs				40% Discount	No Discount	No Discount
Catastrophic Coverage	If medical bills for patient care exceed 20% of the household income, amount due reduced to 20% of household income						No Discount

For more information, call
802-728-2323



giffordhealthcare.org