

## Elizabethtown Community Hospital

### Policy Summary

#### **Get help paying for health care.**

We have a financial assistance program to help you afford the care you need.

#### **What is a financial assistance program?**

We offer financial assistance to people who don't have insurance. We also offer assistance to people who have insurance with out-of-pocket costs that they can't afford. It can be used for ongoing care and emergencies. The care must be medically necessary for your health to be approved for assistance.

#### **Who can get financial assistance?**

To qualify:

- **Eligibility is based on income;** see application for necessary documentation.
- **You must be a "New York resident"** – this includes students, people who are employed in New York, undocumented immigrants, people who live in New York but do not have stable housing. It does not include visitors or travelers unless care is emergent.

#### **Your income must be less than the limit.**

There are different income limits for free and low-cost care. See the charts.

### Income limits

Find your household size and income on the charts below. For most people, your household size will be the people listed on your taxes. If you make too much money for free care, you might qualify for low-cost care.

### Free care

You could get **free care** (pay \$0) if your household income is below **250% of the Federal Poverty Level (FPL)**. In 2025, your income would need to be less than:

Household Size	Maximum Income
1 person	\$39,125
2 people	\$52,875
3 people	\$66,625
4 people	\$80,375
5 people	\$94,125
6 people	\$107,875
7 people	\$121,625
8 people	\$135,375

### Low-cost care

If your household income is below **400% of the Federal Poverty Level (FPL)**, you may qualify for a discount. In 2025, your income would need to be less than:

Household Size	Income Maximum
1 person	\$62,600
2 people	\$84,600
3 people	\$106,600
4 people	\$128,600
5 people	\$150,600
6 people	\$172,600
7 people	\$194,600
8 people	\$216,600

### Catastrophic care

Ask us about catastrophic (seriously injured or sick) care if you owe the hospital a lot of money, but your income is too high to qualify for free or low-cost care. This type of assistance is available to patients whose balance is greater than 20% of their annual household income. **We can help you determine if you are eligible.**

*More information on the back*

## **Services Covered**

- Emergency medical services provided in an emergency room setting
- Urgent services for a condition which, if not promptly treated, would lead to a harmful change in the health status of an individual
- Elective medically necessary services

## **Services NOT Covered**

- Cosmetic/Plastic services
- Infertility/fertility services
- Non-medically necessary care
- Research / Experimental services
- International patient care unless service is provided in an emergency room setting; defined as visitors not residents

## **How to apply**

You can apply before or after you get medical services. If you apply after you get services, you must do this within one year of getting the first bill.

### **Follow these steps:**

- 1. Get a free application.**
  - In-person: 8 Williams Street, Elizabethtown, NY 12932
  - Online: [Elizabethtown Community Hospital | Billing & Financial Assistance \(ech.org\)](https://www.ech.org/data/files/ECH-FinancialAssistance-Program)
  - Phone: Call (518) 873-3139
- 2. Fill out the application.** DO NOT leave any sections blank. Include supporting documentation as noted on the application.
- 3. Give or send us your finished application.**
  - Drop it off at: 8 Williams Street, Elizabethtown, NY 12932
  - Mail it to: UVMHN ECH  
Patient Financial Services  
PO Box 277  
Elizabethtown, NY 12932

## **What happens next?**

You will get a letter from us in the next 30 days. It will say if you are approved, denied, or need to send more information.

If your application is denied, you may appeal the decision. Requests for appeals should be sent to the Patient Financial Assistance in writing within 60 days of the denied request and must include the reason for appeal.

## **How to get help filling out the application**

- **Visit our financial counseling office:**  
8 Williams St, Elizabethtown, NY 12932
- CALL:** (518) 873-3139

## **Free language support**

We offer free help to people who have communication or language needs. We can also help those who need this information in different ways. For interpreters and translation support (518) 873-3139.

## **More information**

### **Who accepts financial assistance?**

Not all providers are covered by our financial assistance policy. See our list here:

<https://www.ech.org/data/files/ECH-FinancialAssistance-Program> You can also ask us about your doctor. **Read the full policy**

This is a plain language summary of our financial assistance policy. Our full policy is here: [ECH-Financial-Assistance-Summary-2024.pdf](https://www.ech.org/data/files/ECH-Financial-Assistance-Summary-2024.pdf)

## **Non-discrimination**

We do not discriminate based on race, color, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information.