

## Payment Options

Stony Brook Medicine recognizes that there are times when patients in need of care will have difficulty paying for services provided. The Financial Assistance Program provides discounts to qualifying individuals, based on income.

### Q Who qualifies for a discount?

A Financial assistance is available to patients who have limited income, have no health insurance or are underinsured. You cannot be denied medically necessary care because you need financial assistance. You may apply for a discount regardless of immigration status.

Everyone in New York State who needs emergency services and non-emergency, medically necessary services at Stony Brook Medicine can receive care and may be eligible for assistance based on income limits that have been established by federal guidelines outlined below.

Family Size	2022 Annual Income (at or below)
1	\$54,360
2	\$73,240
3	\$92,120
4	\$111,000
5	\$129,880
6	\$148,760
7	\$167,640
8	\$186,520

### Q What if I do not meet the income limits?

A In addition to payment plans for those patients who meet the federal income limits listed on the left, Stony Brook Medicine extends payment plans to patients who exceed those income limits. The amount you pay depends on your income.

### Q Can someone explain the discount? Can someone help me apply?

A Yes. Free confidential help is available. Call our Financial Aid Unit at (631) 444-4331. If you do not speak English, someone will help you in your own language. The financial counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Family Health Plus and Child Health Plus.

If the counselor finds that you don't qualify for low-cost insurance, he or she will help you apply for a discount. The counselor will help you fill out the forms and tell you what documents you need to bring.

### Q How do I apply for a discount?

A A financial assistance application is available online at [stonybrookmedicine.edu/billinginformation](http://stonybrookmedicine.edu/billinginformation). You may also pick up an application from the cashier in the Emergency Department or the Admitting Office at any of our facilities (Stony Brook University Hospital, Stony Brook Southampton Hospital or Stony Brook Eastern Long Island Hospital).

A financial assistance application will be sent to you upon your request if you call our Financial Aid Unit at (631) 444-4331. You will need to supply copies of all requested documentation. If you cannot provide these, you may still be eligible to apply for financial assistance.

### Q What services are covered?

A All medically necessary services provided by Stony Brook Medicine that would otherwise be covered by insurance are covered by the discount. This includes outpatient services, emergency care and inpatient admissions.

Charges from private doctors who provide services in the hospital may not be covered. Talk to your private doctors to see if they offer a discount or payment plan.

### Q How much do I have to pay?

A The amount for outpatient services or emergency care starts at \$0 for children and women who are pregnant, depending on income. The amount for outpatient services or the emergency room starts at \$15 for adults, depending on income. A financial counselor will give you the details about your specific discount(s) once your application is processed.

### Q How do I get the discount?

A Fill out the application form. As soon as we have proof of your income, we can process your application according to your income level.

You can apply for a discount before you have an appointment, when you come to the hospital for care or when the bill comes in the mail. Send the completed form to Stony Brook Medicine, P.O. Box 1546, Stony Brook, NY 11790-9113. You have up to 90 days after receiving services to submit the application.

### Q How will I know if I am approved for a discount?

A Stony Brook Medicine will send you a letter within 30 days after completion and submission of documentation to let you know whether or not you have been approved, as well as the level of discount received.

### Q What happens if I receive a bill while I'm waiting to hear if I get a discount?

A You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is denied, the hospital must explain why in writing and provide you with a way to appeal this decision to a higher level within the hospital.

### Q What if I have a problem that I cannot resolve with the hospital?

A You may call the New York State Department of Health Complaint Hotline at (800) 804-5447.



Stony Brook **Medicine**

Date:

Dear Patient:

As per your request, attached please find an application for **Financial Assistance**. Please complete the attached form and return it with **COPIES** of the requested documentation in the enclosed stamped self-addressed envelope. Upon submission of your completed Financial Aid Application you may disregard your bills until receiving our final decision.

When you receive an approval, your current bills will be reduced. Our Business Office will then send your discounted bill(s) for which we will expect payment in full.

Sincerely,

Financial Aid Representative  
(631) 444-4331

Attach.



**Stony Brook Medicine**

## **FINANCIAL AID APPLICATION**

31 Research Way  
East, Setauket, NY 11733-9113  
(631) 444-4331

You may be eligible for financial aid. Please complete this application and mail or bring it to the Stony Brook Medicine Business Office with the requested documentation. We will advise you of our determination within 30 days receipt of the completed application. Thank you.

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address of Applicant: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Names and Birth Dates of Family Members Applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Telephone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Insurance Information (if any)

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

ID # and copy of the card: \_\_\_\_\_

I hereby make submit this application to Stony Brook Medicine, State University of New York at Stony Brook, for consideration under the Financial Assistance Program.

I certify that the information contained in this application is true and correct and that the documentation submitted in support of this application, as to earnings and number of dependents is true and correct.

Signature of Patient/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



Stony Brook Medicine

Date:

Dear Patient:

The following documents are requested to process your financial assistance application.  
***(THESE WILL BE RETAINED FOR OUR RECORDS – PLEASE SUPPLY COPIES ONLY AND BE SURE THEY ARE SIGNED).***

- Most recent Federal Income Tax (Optional).
- Current W-2 form(s).
- 1099 form or current Unemployment statement, if applicable.
- Letter of Social Security benefits, if applicable.
- Pension, if applicable.
- Workers Compensation, if applicable.
- Child Support, if applicable.
- Copies of three consecutive pay stubs or letter from employer stating wages and length of employment, if applicant is presently working.
- Letter of support showing dollar value from person claiming to provide said support **(If you are not working)**.
- List of Dependents **(Including their Birth Dates)**.

Sincerely,

Financial Aid Representative

**PLEASE RETURN YOUR APPLICATION AS SOON AS POSSIBLE. UPON RECEIPT YOU WILL RECEIVE A WRITTEN RESPONSE IN APPROXIMATELY 30 BUSINESS DAYS.**