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

Attachments

Rev 4/1/13
FINANCIAL AID APPLICATION

You may be eligible for financial aid. Please complete this application and mail or bring it to Stony Brook Medicine Business Office with the requested documentation. We will advise you of our determination within 30 days of 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)
Names of Insurance Company: __________________________
Address: __________________________

ID # and copy of the card: __________________________

I hereby make 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 or Responsible Party __________________________ Date __________

***Please check box [ ] if you are interested in receiving information on the following:  [ ] Child Health Plus  
[ ] Healthfirst  
[ ] Family Health Plus
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.
- List of Dependents.

Sincerely

Financial Aid Representative  
(631) 444-4331

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

Rev 4/1/13
Payment Options

Stony Brook University Hospital recognizes that there are times when patients in need of care will have difficulty paying for services provided. The hospital’s 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 University Hospital can receive care and may be eligible for assistance based on income limits that have been established by federal guidelines outlined below.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>2020 Annual Income At or Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$51,040</td>
</tr>
<tr>
<td>2</td>
<td>$68,960</td>
</tr>
<tr>
<td>3</td>
<td>$86,880</td>
</tr>
<tr>
<td>4</td>
<td>$104,800</td>
</tr>
<tr>
<td>5</td>
<td>$122,720</td>
</tr>
<tr>
<td>6</td>
<td>$140,640</td>
</tr>
<tr>
<td>7</td>
<td>$158,560</td>
</tr>
<tr>
<td>8</td>
<td>$176,480</td>
</tr>
</tbody>
</table>

**Q What services are covered?**

A All medically necessary services provided by Stony Brook University Hospital 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. If a deposit is required for certain elective procedures, the deposit will be reduced by your financial aid status.

**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 University Hospital, 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 University Hospital 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.
Offering Patients Options for Payment

Financial Assistance Program

Learn more at StonyBrookMedicine.edu.

Financial Assistance
Program

Stony Brook Medicine

For Information Regarding:

Financial Assistance Program

Extended Time Payments Call (631) 444-4140

Medicaid, call (631) 444-7583

For appointment to apply for Medicaid:
Financial Services at (631) 444-7583 to make an
appointment. Call Stony Brook Medicine's
your local center Call Stony Brook Medicine's
office for more information.

The New York State Department of Social Services
care coverage. May be eligible for Medicaid.
disability are blind and/or in need of long-term
individuals who age 65 or older or who have a

Income •
Residency •
Social Security Number •
Immigration Status •
Citizenship •

Have proof of the following:
In order to apply for coverage, you need to
Saturday, 9 am to 1 pm
Monday through Friday, 8 am to 8 pm
Call: (631) 355-7777

Visit online: myStonyBrookHealth.com

Health Plan Participant:

Stony Brook University Hospital

Providing quality health care services regardless of

Stony Brook University Hospital is committed to

Stony Brook University Hospital (SBUH)