



## Stony Brook Medicine Administrative Policy and Procedures

<b>Subject:</b> LD0050 Financial Assistance/Charity Care Policy	<b>Published Date:</b> 04/05/2019
<b>Leadership</b>	<b>Next Review Date:</b> 04/05/2022
<b>Scope:</b> Stony Brook Medicine	<b>Original Creation Date:</b> 06/09/2004

### Responsible Department/Division/Committee:

Patient Accounting Services

### Policy:

Stony Brook Medicine provides uninsured and underinsured patients with information about and access to a sliding scale to cover costs of medically necessary care.

### Definitions:

**Financial Assistance/Charity Care:** To provide an equitable method adjusting hospital charges for services rendered to those patients who are unable to meet their financial obligations.

### Procedures:

1. Staff refer patients who are unable to pay for hospital services to the Financial Assistance Unit. Patients may also self-refer for assistance.
2. The financial assistance program is based upon the Federal Poverty Guidelines. Eligible patients must complete the financial aid applications and provide required documentation. The application is also in Spanish. Patients may apply at any time. Determinations are active for one year. Patients must apply annually.
3. Patients who appear to meet the criteria for Medicaid, Child Health Plus or Family Health Plus will be advised of those programs.
4. Inpatients who are Medicaid eligible are encouraged to apply for Medicaid. The Medicaid application unit will screen patients and assist with the application.
5. The Financial Assistance program applies to all medically necessary hospital services that are also covered by Medicaid. It does not cover services such as cosmetic surgery, infertility or dental.

6. Signs regarding the program are placed in registration areas, hospital cashiering areas, the Patient Accounts Department and/or outpatient waiting areas.
7. A description of the program, as well as a copy of the application can be obtained online at <https://www.stonybrookmedicine.edu/patientcare/billinginformation#financialassistance>
8. Brochures containing information about the program are available at registration areas, cashiering areas and Patient Accounts.
  - a. Notification of the program is printed on all patient bills.
  - b. All self-paying patients get a letter notifying them of the Financial Assistance Program prior to receiving a bill.
9. Questions regarding the program should be referred to the Financial Assistance unit at 444-4331.
10. If a patient disagrees with the financial aid determination, they may appeal, in writing, or by phone to the Associate Director of Patient Accounts at 631-444-4331. If after review, the Assistant Director is not able to make an adjustment, the matter is referred to the Director of Patient Accounting Services. If the patient still disagrees with the final determination, the account is referred to the Assistant Attorney General's office.

**Forms:**

**SBUH Financial Aid Application**

**Policy Cross Reference:**

**None**

**Relevant Standards/Codes/Rules/Regulations/Statutes:**

**NYS Public Health Law subdivision 9-a of Section 2807-k**

**References and Resources:**

**None**