



**Stony Brook
Medicine**

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

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



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 return (optional).
- Current W2 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.

Financial Assistance Representative
(631) 444-4331

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

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.

Family Size	2016 Annual Income At or Below
1	\$47,520
2	\$64,080
3	\$80,640
4	\$97,200
5	\$113,760
6	\$130,280
7	\$146,920
8	\$163,560

Q What if I do not meet the income limits?

A If you cannot pay your bill, Stony Brook University Hospital offers a payment plan to those patients who meet the income limits. The amount you pay depends on your income. We also extend payment plans to patients who exceed income limits.

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. You may also pick up an application from the cashier in the Emergency Department, the main cashier on Level 5 of the hospital or the Patient Accounts Office at 31 Research Way in East Setauket.

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 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 from \$0 for children and women who are pregnant, depending on income. The amount for outpatient services or the emergency room

starts from \$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 to get 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 informing you if you have been approved and 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.