

# St Barnabas Hospital Financial Assistance Summary

St Barnabas Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided. St. Barnabas Hospital’s financial assistance program provides discounts to qualifying individuals based on income. In addition, the program can help you apply for free or low-cost insurance if you qualify. Financial Counselors are available at Ambulatory Care Center (718) 960-6830, (718) 960-6831 or in the Patient & Family Service Center (718) 960-3812 located in the Main Building Ground Floor free and confidential assistance.

### Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes and no health insurance or health insurance that does not cover the services rendered at St. Barnabas.

Except for emergency services, patients must reside with the Hospital’s primary service area for a particular service to be categorically eligible for charity care. SBH’s primary service area is comprised of the following Bronx zip codes: 10451, 10453, 10454, 10455, 10457, 10458, 10459, 10460, and 10468. However, given that SBH operates a Level 2 Trauma center and offers high-demand programs such as a Mobile Mammography program, it serves the entire Bronx. Eligibility for charity care for non-emergent care for patients residing outside of the Hospital’s primary service area will be determined on a case-by-case basis and requires Finance administrator’s approval.

### What are the income limits?

The amount of the discount varies based on your income and the size of your family.

Family Size	100% = < Poverty Levels	101% = > 125% Poverty Levels	126% = > 150% Poverty Levels	151% = > 200% Poverty Levels	201% = > 250% Poverty Levels	251% = > 300% Poverty Levels	301% = > Poverty Levels
1	\$ 12,880	\$ 16,100	\$ 19,320	\$ 25,760	\$ 32,200	\$ 38,640	38,281 +
2	\$ 17,420	\$ 21,775	\$ 26,130	\$ 34,840	\$ 43,550	\$ 52,260	51,721 +
3	\$ 21,960	\$ 27,450	\$ 32,940	\$ 43,920	\$ 54,900	\$ 65,880	65,161 +
4	\$ 26,500	\$ 33,125	\$ 39,750	\$ 53,000	\$ 66,250	\$ 79,500	78,601 +
5	\$ 31,040	\$ 38,800	\$ 46,560	\$ 62,080	\$ 77,600	\$ 93,120	92,401 +
6	\$ 35,580	\$ 44,475	\$ 53,370	\$ 71,160	\$ 88,950	\$ 106,740	105,481 +
7	\$ 40,120	\$ 50,150	\$ 60,180	\$ 80,240	\$ 100,300	\$ 120,360	118,921 +
8	\$ 44,660	\$ 55,825	\$ 66,990	\$ 89,320	\$ 111,650	\$ 133,980	132,360 +
9	\$ 49,200	\$ 61,500	\$ 73,800	\$ 98,400	\$ 123,000	\$ 147,600	145,800 +
10	\$ 53,740	\$ 67,175	\$ 80,610	\$ 107,480	\$ 134,350	\$ 161,220	159,241 +

Based on the 2021 Federal Poverty Guidelines [Federal Poverty Level \(FPL\) - HealthCare.gov Glossary | HealthCare.gov](https://www.hhs.gov/ohr/2021-federal-poverty-guidelines)

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

If you cannot pay your bill, St. Barnabas Hospital offers a payment plan to those patients that meet the income limits. The amount you pay depends on your income.

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

Yes, Free, confidential help is available contact one of our Financial Counselors in the Ambulatory Care Center at (718) 960-6830, (718) 960-6831 or in the Patient & Family Service Center at (718) 960-3812 located in the Main Building Ground Floor

If you do not speak English, someone will help you in your own language. The Financial Counselor can tell you if you qualify free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus.

If you do not qualify for low-cost insurance, they will help you apply for a discount. The Counselor will help you fill out all the forms and tell you what documents you need to bring.

### **What do I need to apply for a discount?**

- Social Security Card
- Birth Certificate or Baptism Certificate
- Resident Card or Passport
- Apartment Lease, Rent Receipt, or Letter from Landlord stating rent amount
- Recent Utility Bill
- Marriage Certificate
- Insurance Card – Medicare, Medicaid, Other
- Proof of Income, Last 4 pay stubs, weekly last 8 pay stubs
- Proof of address in your name
- Vaccination Card
- School Letter or Report Card
- Award Letter from Social Security/ Bank Statement
- Support Letter

If you cannot provide any of these, you may still be able to apply for financial assistance.

### **What services are covered?**

All medically necessary services provided by St. Barnabas Hospital 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. Please talk to private doctors to see if they offer a discount or payment plan.

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

Fee determined by income level and household size. Any individual determined to be eligible for Financial Assistance cannot be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care.

The least amount that you will be required to pay is \$15 minimum for clinic services and emergency services. Our Financial Counselor will give you the details about your specific discount(s) once your application is processed.

### **How do I get the discount?**

Fill out the application form. As soon as we have proof of your income, we can process your application for a discount 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:  
St. Barnabas Hospital  
4422 Third Avenue  
Bronx, New York 10547  
Attention: Financial Assistance

or bring it to **Patient & Family Service Center located in the Main Building Ground Floor**

### **How will I know if I was approved for the discount?**

St. Barnabas Hospital will send you a letter within 30 days after completion and submission of documentation, telling you if you have been approved and the level of discount received.

### **What if I receive a bill while I am waiting to hear if I can get a discount?**

You are not required to pay a hospital bill while your discount application is under consideration. If your application denied, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

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

You may contact the New York State Department of Health complaint hotline at 1-800-804-5447 or mail to the following address:

New York State Department of Health  
Centralized Hospital Intake Program  
Mailstop: CA / DCS  
Empire State Plaza  
Albany, New York 12237