

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 our Ambulatory Care Center, and can be contacted at (718) 960-6830 or (718) 960-6831. Financial Counselors are also located in the Patient & Family Service Center (718) 960-3812 located in the Main Building Ground Floor.

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 Hospital.

Except for emergency services, patients must reside within the Hospital's primary service area to be 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 the 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.

What are the income limits?

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

Annual Income FPL (Federal Poverty Levels) 2022							
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	\$ 13,590	\$ 16,988	\$ 20,385	\$ 27,180	\$ 33,975	\$ 40,770	\$ 54,360
2	\$ 18,310	\$ 22,888	\$ 27,465	\$ 36,620	\$ 45,775	\$ 54,930	\$ 73,240
3	\$ 23,030	\$ 28,788	\$ 34,545	\$ 46,060	\$ 57,575	\$ 69,090	\$ 92,120
4	\$ 27,750	\$ 34,688	\$ 41,625	\$ 55,500	\$ 69,375	\$ 83,250	\$ 111,000
5	\$ 32,470	\$ 40,588	\$ 48,705	\$ 64,940	\$ 81,175	\$ 97,410	\$ 129,880
6	\$ 37,190	\$ 46,488	\$ 55,785	\$ 74,380	\$ 92,975	\$ 111,570	\$ 148,760
7	\$ 41,910	\$ 52,388	\$ 62,865	\$ 83,820	\$ 104,775	\$ 125,730	\$ 167,640
8	\$ 46,630	\$ 58,288	\$ 69,945	\$ 93,260	\$ 116,575	\$ 139,890	\$ 186,520
9	\$ 46,677	\$ 58,347	\$ 70,016	\$ 93,354	\$ 116,693	\$ 140,032	\$ 186,709
10	\$ 51,397	\$ 64,247	\$ 77,096	\$ 102,794	\$ 128,493	\$ 154,192	\$ 205,589

[Federal Poverty Level \(FPL\) - HealthCare.gov Glossary | HealthCare.gov](https://www.healthcare.gov/glossary/federal-poverty-level-fpl/)

Based on the Calendar Year 2022 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 or (718) 960-6831. Help is also available 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 for free or low-cost insurance, such as Medicaid, Child Health Plus or one of the Essential Plans.

If you do not qualify for low-cost insurance, they will help you apply for our Charity Care 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?

Fees are 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 a \$15 minimum for clinic services and emergency services. Our Financial Counselors 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 the application to the **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 will provide you with a way to appeal this decision.

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