



POLICY: Financial Assistance Policy (FAP)

PROGRAMS: Mental Health Division and Long Term Care (LTC) / Senior Life Division

APPROVED BY: Director of Patient Accounting

Original Date: 10/98

Effective Date: 1/23

Policy: Page 2.

Procedure: Pages 3-5.

Required Forms: Print versions, to handout, are available in Docuware-Financial Assistance Policy (FAP).

FAP Cover Letter, page 6.

FAP Summary, page 7-8.

FAP Application (includes FAP Required Document Checklist and FAP Eligibility Criteria), pages 7-14

FAP Determination Letter, page 15.

FAP Poster, page 16.

Collection and Billing Policy, page 17.

Financial Assistance Agreement-(formally Financial Agreement & Release of Responsibility).

Counseling Center's Financial and Service Agreement

Definitions:

Financial assistance: pertains to the provision of emergency and other medically necessary services and items by employees of CH. It does not include cash payment in any form, such as the payment of health insurance premiums, or free goods not otherwise furnished in the ordinary course of the CH's operations.

Emergency and other medically necessary care. Inpatient, outpatient, partial hospital, nursing home, assisted living provided by CH's Mental Health Division and LTC Division.

Patient: includes patient, resident, client, legal representative, responsible party, sponsor.

Mental Health Division: Ramapo Ridge Behavioral Hospital, LiveWell Counseling Center, and Gracepoint.

Long Term Care (LTC)/Senior Life Division: Heritage Manor Nursing Home, Southgate, The Longview Assisted Living Residence.

AGB: Amounts Generally Billed

Extraordinary Collection Actions (ECAs):

- a) deferring or denying care, or requiring a payment before providing care, because of the nonpayment of past unpaid bills for FAP-related care before providing medically necessary care
- b) selling a person's debt to another party .
- c) reporting adverse information to consumer credit reporting agencies or credit bureaus.
- d) requiring a legal or judicial process

Training Requirements: Staff of Finance, Mental Health Division and LTC/Senior Life Division

Related Policies & Manuals:

P&P: Collections, ECAs and Non-Payment

P&P: Client Co-Pay and Cash Collections

P&P: EMTALA

P&P: Direct to Consumer Marketing and Patient/client Waiver of Co-Payments and Deductibles

Regulatory Mandates:

New Jersey Charity Care Requirements

Joint Commission Leadership Standards

IRS 26 CFR 1501r-4

POLICY: Financial Assistance Policy (FAP)

Subject to Christian Health's (CH) charitable intent and the availability of resources, CH may offer financial assistance and provide, without charge or at a reduced charge, services to patients in the Mental Health Division (Ramapo Ridge Behavioral Hospital, Gracepoint and LiveWell Counseling Center), as well as in the Long Term Care/Senior Life Division (Heritage Manor Nursing Home, Southgate and the Longview Assisted Living Residence).

Financial assistance may be provided to patients, residents, clients and consumers who are:

- 1) uninsured or underinsured (have coverage that pays only for part of the bill)
- 2) insured ineligible (i.e. inpatient Medicaid recipients between 21 and 65 years)
- 3) ineligible for any private or government sponsored coverage (such as Medicaid)
- 4) otherwise unable to pay for services, and
- 5) meet the income and assets eligibility criteria, as outlined in the FAP application.

No patient in need of emergency and other medically necessary care will be denied treatments based on his/her ability to pay. In addition, CH does not engage in coercive practices, such as delaying or denying emergency and other medically necessary care, while determining FAP eligibility.

Patients must meet both the income and asset eligibility criteria to qualify for financial assistance. Income includes: wages before deductions, social security, public assistance, unemployment, alimony, child support dividends and other income. Assets include: cash, savings accounts, checking accounts, CDs and other financial investments. Your liability will be considered including rent payments, mortgage payment, home equity payment, credit card debt, other outstanding loan payments as well as outstanding medical bills.

To process your financial assistance application, the following information and documentation is required: health insurance cards, two forms of identification with signatures, list of all family members with their social security numbers and dates of birth, income and asset verification, and your last tax return filed. CH reserves the right to deny financial assistance for failure to submit the required documentation.

Financial Assistance recipients who are continuing care at one of CH's programs are required to re-apply annually to be reauthorized for continued FAP eligibility or be terminated from receiving financial assistance.

Information about financial assistance, the application process and how to obtain an application is available to all patients, upon request. To obtain such information and an application, visit our website at www.ChristianHealthnj.org or call CH's Finance Department at (201) 848-5209.

If you are FAP eligible, you will be charged for services provided by CH based on your income as a percentage of established poverty income guidelines, published by the Department of Health and Human Services (HHS). As an example, if your income is greater than 225% of the HHS poverty income but less than or equal to 250%, you would be required to pay 40% of CH charges. Additional information is available in the FAP application material; refer to the table entitled Eligibility Criteria for Financial Assistance. Following a determination of FAP eligibility, a patient will not be charged more than amounts generally billed (AGB) for emergency care and other medically necessary mental health care.

It is important to note that CH's Finance Department has the authority to engage in collection activities in the event of nonpayment. Call the Finance Department at (201) 848-5209 to request CH's collections policy which describes these activities; it is available free of charge.

PROCEDURE:

Responsibility of Mental Health and Long Term Care/Senior Life Staff

1. Inform patients of the availability of financial assistance upon inquiry or upon the impression or knowledge that a particular patient may qualify for financial assistance.
2. State that financial assistance is available at CH, but not guaranteed, since eligibility for financial assistance is determined by meeting eligibility (income and asset) criteria set forth in the FAP application.
3. Provide the FAP Summary, FAP application and a cover letter that indicates:
 - a) financial assistance may be available,
 - b) deadline after which the FAP application will no longer be accepted and processed.Note: staff or designee can complete the application for the patient.
4. Manage an incomplete FAP application submitted during the application period, as follows:
 - a) provide a written notice that describes:
 - * how to complete the FAP application in a reasonable time period.
 - * additional required information/documentation that must be submitted.
 - b) give a reasonable time period to provide the additional required information/documentation.
5. Forward the completed application to Finance.
Note: Finance will make a preliminary determination of FAP eligibility and return the application.
6. Upon receipt of the application from Finance, the Administrator/Director will:
 - a) review the application for appropriateness
 - b) sign the application on page 8.
 - c) return the application to the Finance Dept.Note: Finance will notify the patient in writing of the FAP eligibility determination, the basis for the determination and the assistance for which the patient is eligible.

Responsibilities of: Director of Patient Accounting, EVP Finance/CFO

1. Assure that the FAP, FAP summary and FAP applications are widely available, as follows:

- CHC website

- Public locations

- Mail-upon request and without charge

- Members of community most likely to require financial assistance

Note: The FAP, FAP summary and FAP application form must be available in English and in any other language in which limited English proficiency (LEP) populations comprise the lesser of 1000 individuals or 5% of the community served by the hospital, or the population likely to be affected or encountered by CH. Data can be based on the latest data available from the U.S. Census Bureau or other similarly reliable data.

2. Assure that decisions to approve financial assistance and commit CH to provide financial assistance are made on a case-by-case basis.

Note: CH reserves the right to modify the eligibility criteria considered in reviewing financial applications.

Note: CH may rely on other evidence of eligibility such as an attestation to determine FAP eligibility.

3. Evaluate patients who are uninsured, underinsured, or maintain otherwise ineligible benefits (i.e. inpatient Medicaid recipients between the ages of 21 to 64) for FAP eligibility subject to the availability of resources.

4. Notify the patient in writing of the eligibility determination, the basis for the determination and assistance for which the patient is eligible.

5. Assure that CH limits the amount charged to any FAP eligible patient, as follows:

- a) not more than the amounts generally billed (AGB) to patients who have insurance coverage,

- b) less than the gross charges for such care.

Base decisions to provide financial assistance upon the financial information supplied by the patient in the financial application, including gross annual income that is verified.

Note: If a patient is deemed ineligible for financial assistance and converts to a self pay status, CH may provide a contractual adjustment, as follows, to:

- a) Inpatients: decrease total amount due to equal no more than 115% of the average current Medicare rate.

- b) Outpatients: decrease total amount due to be equal to no more than the prevailing Medicare rate plus 15%.

6. Determine the AGB for emergency/medically necessary care.

Refer to IRS rule 1.501[®]-5(3) Limitations on Charges-Look-back method.

Note: CH may use only one of these methods to determine AGB at any one time; CH may change the method it uses to determine AGB at any time.

Note: a FAP eligible patient is considered to be “charged” only the amount he/she is personally responsible for paying, after all deductions/discounts and insurance reimbursements have been applied. Thus, if a FAP-eligible patient has insurance coverage, he/she is not personally responsible for paying (ie in the form of co-payments/co-insurance/deductibles) more than AGB after all reimbursements by the health insurer have been applied, even if the total amount paid by the FAP eligible patient and health insurer together exceeds AGB.

7. Do the following if the FAP eligible patient is eligible for assistance other than free care:
 - a) issue a billing statement which states the gross charges and applies contractual allowances, discounts, or deductions to the gross charges, provided that the actual amount the patient is personally responsible for paying is less than the gross charges.
 - b) assure that billing statement notices include a conspicuous notice about the availability of financial assistance and how to obtain information.
 - c) refund any amount paid that exceeds the amount he/she is determined to be personally responsible for paying as a FAP eligible patient, unless such excess amount is less than \$5.
8. Use presumptive FAP eligibility determinations, based on third-party information or prior FAP eligibility determinations, if available. Do the following if the patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP:
 - a) notify the patient regarding the basis for the presumptive FAP eligibility determination and how to apply for more available generous assistance.
 - b) determine whether the patient is eligible for a more generous discount, upon submission of a complete FAP application during the application period.
 - c) give a reasonable period of time to apply before initiating ECAs to obtain the discounted amount owed.
9. Negotiate, if the patient is deemed ineligible for financial assistance, acceptable payment terms as per the conditions in the Financial Agreement.
10. Reauthorize, annually, financial assistance for patients who are continuing care at one of CH's programs in the same manner as the initial certification.

Note: Patients who do not comply may be terminated from receiving financial assistance benefits.
11. Award temporary financial assistance to recipients who are continuing care at one of the CH's programs on a temporary (ie unemployment, divorce, or other catastrophic occurrences which may impede a patient ability to pay for services in the short term) basis after completing the financial assistance application process.
 - a) instruct appropriate staff to communicate to the patient the temporary time frame.
 - b) follow the annual recertification process if the situation becomes permanent.
12. Forward the FAP application to the respective Mental Health Division service staff.

Financial Assistance Policy (FAP) -Cover Letter

Date:

To:

Dear:

CH may provide Mental Health Division and Long Term Care/Senior Life Division services without charge or at a reduced charge to patients who are uninsured or underinsured, insured ineligible, ineligible for any private or government sponsored coverage, otherwise unable to pay for services, and meet CH income and asset eligibility criteria, as outlined in the Financial Assistance application materials.

The attached Financial Assistance packet of information includes the following documents that you must complete and submit for CH staff to determine if you are eligible for financial assistance:

- Financial Assistance Policy (FAP) Summary
- Financial Assistance Application
- Required Document Checklist
- Eligibility Criteria-Income & Asset Criteria

Please complete the application and submit the required documents by: _____.

CH's Finance Department as well as its Mental Health Division and Long Term Care/Senior Life Division staff will review your application and the supporting documentation. We will notify you in writing of the eligibility determination, the basis for the determination and assistance for which you may be eligible.

If you have any questions about the application process, contact our Director of Patient Accounting at (201) 848-5785.

Sincerely,

Attachments

Financial Assistance Policy (FAP) Summary

Subject to Christian Health's (CH) charitable intent and the availability of resources, CH may offer financial assistance and provide, without charge or at a reduced charge, services to patients in the Mental Health Division (Ramapo Ridge Behavioral Hospital, Gracepoint and LiveWell Counseling Center), as well as in the Long Term Care/Senior Life Division (Heritage Manor Nursing Home, Southgate, and The Longview Assisted Living Residence).

Financial assistance may be provided to patients, residents, clients and consumers who are:

- 1) uninsured or underinsured (have coverage that pays only for part of the bill);
- 2) insured ineligible (i.e. inpatient Medicaid recipients between 21 and 65 years)
- 3) ineligible for any private or government sponsored coverage (such as Medicaid);
- 4) otherwise unable to pay for services, and
- 5) meet the income and assets eligibility criteria, as outlined in the FAP application.

No patient in need of emergency and other medically necessary care will be denied treatments based on his/her ability to pay. In addition, CH does not engage in coercive practices, such as delaying or denying emergency and other medically necessary mental health care, while determining FAP eligibility.

Patients must meet both the income and asset eligibility criteria to qualify for financial assistance. Income includes: wages before deductions, social security, public assistance, unemployment, alimony, child support dividends and other income. Assets include: cash, savings accounts, checking accounts, CDs and other financial investments. Your liability will be considered including rent payments, mortgage payment, home equity payment, credit card debt, other outstanding loan payments as well as outstanding medical bills.

To process your financial assistance application, the following information and documentation is required: health insurance cards, two forms of identification with signatures, list of all family members with their social security numbers and dates of birth, income and asset verification, and your last tax return filed. CH reserves the right to deny financial assistance for failure to submit the required documentation.

Financial Assistance recipients who are continuing care at one of CH's programs are required to re-apply annually to be reauthorized for continued FAP eligibility or be terminated from receiving financial assistance.

Information about financial assistance, the application process and how to obtain an application is available to all patients, upon request. To obtain such information and an application, visit our website at www.ChristianHealthnj.org or call our Director of Patient Accounting at (201) 848-5785.

If you are FAP eligible, you will be charged for services provided by CH based on your income as a percentage of established poverty income guidelines, published by the Department of Health and Human Services (HHS). As an example, if your gross annual income is \$35,000 and your family size is 2, you would be required to pay 20% of CH charges based upon the guidelines posted by HHS. Additional information is available in the FAP application material; refer to the table entitled Eligibility Criteria for Financial Assistance. Following a determination of FAP eligibility, a patient will not be charged more than amounts generally billed (AGB) for emergency care and other medically necessary mental health care.

It is important to note that CH's Finance Department has the authority to engage in collection activities in the event of nonpayment. Call our Director of Patient Accounting at (201) 848-5785 to request CH's collections policy which describes these activities; it is available free of charge.

Financial Assistance Application

(To be completed by Patient/Resident/Client, Sponsor or Admissions Coordinator)

Date of Application: _____ Admission Date _____

Program Submitting Application: _____

Patient/client's Name: _____ Date of Birth: _____

Name of Guarantor (if other than patient/client): _____

Address of Patient/client: _____
Street Town State Zip

Telephone# _____

Reason for Request: _____

Name of Person Requesting Financial Assistance: _____

Insurance Information (If none please note): _____

Dependents:	Name:	_____	_____	_____
	SS#:	_____	_____	_____
	Relationship:	_____	_____	_____
	Age:	_____	_____	_____

INCOME- Patients must meet both the income and assets criteria (Refer to eligibility criteria below)

When determining eligibility for financial assistance, a husband and wife's income must be used for an adult, and combined parents income must be used for a minor child.

Patient/client/family gross income equals the lesser of the following:

Last twelve (12) months: _____ or last three (3) months x 4: \$ _____

Income Includes:

Wages before deductions	\$ _____
Dividends	\$ _____
Social Security	\$ _____
Public assistance/unemployment	\$ _____
Alimony/child support	\$ _____
Other income: _____	\$ _____

NOTE: Refer to Required Document Checklist below and attach the required documents.

Financial Assistance Application

ASSETS Patients must meet both the income and assets criteria. Refer to the Eligibility Criteria on page 4.

When determining eligibility for financial assistance, a husband and wife's assets must be used for an adult, and combined parents assets must be used for a minor child.

Liquid Assets Includes:

Cash	\$ _____
Savings accounts	\$ _____
Checking accounts	\$ _____
Other assets: _____	\$ _____

NOTE: Refer to Required Document Checklist below and attach the required documents.

LIABILITIES

Current monthly rent payment	\$ _____
Current monthly mortgage payment	\$ _____
Current monthly home equity payment	\$ _____
Credit card debt (Total)	\$ _____
Other outstanding loan payments	\$ _____
Outstanding medical bills	\$ _____
Other (please specify): _____	\$ _____
Total Liabilities	\$ _____

Is any other financial assistance available to you (i.e. church)?	Yes	No
If "Yes", do we have your approval to contact the person/organization?	Yes	No

☐ ☐
☐ ☐

Person/organization to contact _____ Phone # _____

Prepared by: _____ Relationship to Patient: _____

Applicant's Signature _____ Date: _____

FAP DETERMINATION-To Be Completed by CHCC Staff

Finance Department Staff:

Approved: ☐ Yes ☐ No ☐ Free Care ☐ Sliding Fee Scale Amount or % _____

Director of Patient Accounting _____ Date _____

EVP Finance/CFO _____ Date _____

Mental Health Staff:

Administrator/Director _____ Date _____

Long Term Care Staff

Administrator/Director _____ Date _____

NOTE: Attach additional sheets as needed.

Financial Assistance Application (continued)-page 3**REQUIRED DOCUMENT CHECKLIST**

To process your financial assistance application, additional information and documentation is required in addition to your completed application. Therefore, please submit the following documents with your completed application before the deadline:

- ☐ **HEALTH INSURANCE** – copies of your primary and secondary insurance cards (ie Medicare, Medicaid, Blue Cross, commercial insurance, etc.).
- ☐ **IDENTIFICATION** – two (2) forms of identification with signatures preferred (i.e.: driver's license, voter's registration card, passport, alien registration, or any picture ID). An insurance card can be used as one form of identification.
- ☐ **FAMILY SIZE** – list all family members, their social security numbers and dates of birth.
- ☐ **INCOME** – copies of pay stubs (three months prior to date of service or the most current showing year to date income), most current W2 form, social security benefits (print-out from Social Security Office or copies of social security checks), proof of unemployment/public assistance, and any other source of income.
- ☐ **ASSETS** – copies of bank statements for checking, savings accounts and CDs as well as copies of financial statements from other financial institutions that you have investment accounts with.
- ☐ **TAX RETURN**- copy of the last tax return you filed and last year's W2 form.
- ☐ **NOTARIZED LETTER**- If no income and/or asset information is available, a notarized letter detailing your financial circumstances may be acceptable.

Financial Assistance Application (continued)-page 4**ELIGIBILITY CRITERIA for Financial Assistance** Effective: March 15,2022
(Subject to change yearly)**INCOME CRITERIA**

The table below describes the percentage of charges paid when gross annual income is within the following poverty income guidelines, published by the Department of Health and Human Services (HHS).

Family Size	Patient pays 0% of charges ≤200%	Patient pays 20% of charges >200≤225%	Patient pays 40% of charges >225≤250%	Patient pays 60% of charges >250≤275%	Patient pays 80% of charges >275≤300%	Patient pays 100% of charges >300≤500%
1	\$27,180 or less	to \$27,181 \$30,578	to \$30,579 \$33,975	to \$33,976 \$37,373	to \$37,374 \$40,770	\$40,771 or more
2	\$36,620 or less	to \$36,621 \$41,198	to \$41,199 \$45,775	to \$45,776 \$50,353	to \$50,354 \$54,930	\$54,931 or more
3	\$46,060 or less	to \$46,061 \$51,818	to \$51,819 \$57,575	to \$57,576 \$63,333	to \$63,334 \$69,090	\$69,091 or more
4	\$55,500 or less	to \$55,501 \$62,438	to \$62,439 \$69,375	to \$69,376 \$76,313	to \$76,314 \$83,250	\$83,251 or more
5	\$64,940 or less	to \$64,941 \$73,058	to \$73,059 \$81,175	to \$81,176 \$89,293	to \$89,294 \$97,410	\$97,411 or more
6	\$74,380 or less	to \$74,381 \$83,678	to \$83,679 \$92,975	to \$92,976 \$102,273	to \$102,274 \$111,570	\$111,571 or more
7	\$83,820 or less	to \$83,821 \$94,298	to \$94,299 \$104,775	to \$104,776 \$115,253	to \$115,254 \$125,730	\$125,731 or more
8	\$93,260 or less	to \$93,261 \$104,918	to \$104,919 \$116,575	to \$116,576 \$128,233	to \$128,234 \$139,890	\$139,891 or more
For families greater than 8 members, add amount below to the highest amount in the column for each additional family member:						
8 or more Add to columns	\$9,440	\$10,620	\$11,800	\$12,980	\$14,160	

NOTE: A pregnant woman is counted as two family members.

ASSETS CRITERIA

Individual assets cannot exceed \$7,500 and family liquid assets cannot exceed \$15,000.

Financial Assistance Policy (FAP) Determination Letter

Date:

To:

Dear:

CH's Finance Department staff as well as its Mental Health Division or Long Term Care/Senior Life Division staff have reviewed your Financial Assistance application and the supporting documentation you submitted.

CH has determined that you are **eligible** for financial assistance because you met the income and asset eligibility criteria which is the basis for the determination. Therefore, CH can provide financial assistance, as follows:

OR

CH has determined that you are **not eligible** for financial assistance because you did not meet the income and asset eligibility criteria which is the basis for the determination. Therefore, CH cannot provide financial assistance.

Applicants found ineligible may reapply at a future time when they present themselves for services and believe their financial circumstances have changed.

Sincerely,

Financial Assistance Policy (FAP) Poster

Subject to Christian Health's (CH) charitable intent and the availability of resources, CH may offer financial assistance and provide, without charge or at a reduced charge, services in the Mental Health Division (Ramapo Ridge Behavioral Hospital, Gracepoint, and LiveWell Counseling Center) as well as in the Long Term Care/Senior Life Division (Heritage Manor Nursing Home, Southgate, and The Longview Assisted Living Residence) patients, residents, clients and consumers who are:

1. uninsured or underinsured (have coverage that pays only for part of the bill);
2. insured ineligible (i.e. inpatient Medicaid recipients between 21 and 64 years);
3. ineligible for any private or government sponsored coverage (such as Medicaid);
4. otherwise unable to pay for services; and
5. meet the income and asset eligibility criteria, as outlined in the Financial Assistance application materials.

No patient in need of emergency and other medically necessary care will be denied treatments based on his/her ability to pay. In addition, CH does not engage in coercive practices, such as delaying or denying emergency and other medically necessary mental health care, while determining eligibility for Financial Assistance.

Applications to apply for Financial Assistance are available to all CH patients, free of charge, upon request.

To obtain an application or information about financial assistance and the application process:

Visit our website at www.ChristianHealthnj.org or
Call our Director of Patient Accounting at (201) 848-5785.

The Financial Assistance packet of information includes the following documents that you must complete and submit for CH staff to determine if you are eligible for financial assistance:

- Financial Assistance Policy (FAP) Summary
- Financial Assistance Application
- Required Document Checklist
- Eligibility Criteria- Income & Asset Criteria

CH's Finance Department staff as well as its Mental Health Division and Long Term Care/Senior Life Division staff will review your application and the supporting documentation. We will notify you in writing of the eligibility determination, the basis for the determination and assistance for which you may be eligible. CH reserves the right to deny financial assistance to any applicant who fails to submit the required documentation.

CH's Finance Department has the authority to engage in collection activities in the event of nonpayment. Call our Director of Patient Accounting at (201) 848-5785 to request CH's collections policy which describes these activities; it is available free of charge.

Collection and Billing Policy

It is the policy of CH to make reasonable efforts to determine whether the patient is eligible for assistance before engaging in extraordinary collection actions (ECAs) against a patient to obtain payment. CH's Finance Department has the authority to engage in collection activities in the event of nonpayment.

CH will notify the patient, before deferring or denying care due to nonpayment for prior care about the Financial Assistance Policy (FAP), within 30 days before initiating an ECA. In addition, CH will notify a patient about the FAP at least 30 days before initiating ECA(s) to obtain payment.

With respect to any debt owed, ECAs include actions to obtain payment against any other person who has accepted or is required to accept responsibility for care. CH will be deemed to have engaged in an ECA against the person to obtain payment for the care, or to have taken one or more of the steps necessary to have made reasonable efforts to determine whether the person is FAP eligible, if any purchaser of the person's debt, any debt collection agency or other party to which CH has referred the person's debt, or any substantially-related entity has engaged in such an ECA or taken such steps.

CH will notify you within 30 days about the FAP, before deferring/denying care due to nonpayment for prior care. We will provide you with our FAP, FAP Summary, a FAP application and a written notice. The notice will explain that financial assistance may be available as well as the deadline after which the FAP application will no longer be accepted and processed. This deadline must be no earlier than the later of: 30 days after the date that the written notice is provided or 240 days after the date the first post-discharge billing statement was provided. In addition, CH will process the FAP application on an expedited basis if you submit a FAP application for the previously provided care before the deadline.

CH will also notify you about the FAP at least 30 days before initiating ECA(s) to obtain payment. We will provide the FAP, FAP Summary, FAP application and a written notice. The notice will explain that financial assistance may be available, the ECA(s) that CH or another authorized party intends to initiate to obtain payment and the deadline after which ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided. CH will make a reasonable effort to orally notify the person about the FAP and how to apply.

Financial assistance applications are available to all CH patients, upon request.

To obtain a Financial Assistance application or other information about this policy, call our Director of Patient Accounting at (201) 848-5785.