

FINANCIAL ASSISTANCE POLICY SUMMARY

Hospital for Special Surgery (HSS) has a Financial Assistance Program that assists certain patients with limited or no insurance coverage and who meet certain requirements. The Policy covers only medically necessary services, including Hospital services and some services provided by certain physicians and other employees of the Hospital. The Policy will be applied consistently regardless of race, color, creed, sexual orientation, ethnic origin or immigration status.

ELIGIBILITY

In order to be eligible for Financial Assistance, individuals must meet both the Financial Criteria and Coverage Criteria.

In order to meet the Financial Criteria, your gross annual income must not exceed seven times the U.S. Department of Health and Human Services Poverty Guidelines. In order to meet the Coverage Criteria, you must be (i) an uninsured U.S. resident; (ii) an insured U.S. resident with coverage that covers services at HSS at least to some extent; or (iii) be referred through the Special Access Program.

Under the Special Access Program, insured U.S. residents in need of specialized care that is not reasonably available closer to their residence than HSS may be eligible. In addition, (i) insured U.S. residents and (ii) uninsured non-residents, in each case who are referred by an HSS Physician Hospital Organization (PHO) physician and meet other requirements contained in the full Policy, may be eligible

HOW TO APPLY

Anyone requesting Financial Assistance must complete an application. The applicant should provide documentation that supports their family's current level of income, available assets, and demographic information. Documents that prove the current level of income can include pay stubs or Social Security or disability statements. If you cannot provide such items, you may still apply. All applications, supporting documentation, and communication will be treated confidentially.

HSS uses poverty guidelines issued by the U.S. Department of Health and Human Services to determine a patient's eligibility for financial assistance. The amount of the discount varies based on your income and the size of your family. The income limits based on seven times the 2017 Federal Poverty Guidelines (the "FPL") are below.

Family size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	Up to \$84,420	Up to \$7,035	Up to \$1,623
2	Up to \$113,680	Up to \$9,473	Up to \$2,186
3	Up to \$142,940	Up to \$11,912	Up to \$2,749
4	Up to \$172,200	Up to \$14,350	Up to \$3,312
5	Up to \$201,460	Up to \$16,788	Up to \$3,874
6	Up to \$230,720	Up to \$19,227	Up to \$4,437

The applicant will be notified in writing of the determination within 30 calendar days of receipt of a complete application. You may disregard any bills while your application for a discount is being considered.

You may appeal our initial Financial Assistance determination -- the full policy provides a description of our appeals process.

AMOUNT OF ASSISTANCE

If your income is at or below 500% of the FPL and you are uninsured, care will be provided without charge. (If you are insured, your patient responsibility will be reduced to zero.)

For an individual whose income is between 501% and 700% of the FPL, HSS shall provide a 50% discount.

The discount will be applied to the patient's obligation, which, for uninsured patients, is based on the amount that Medicaid would pay for the service. For insured patients, the discount is applied to the deductible and copayment obligation. In no event will a patient who qualifies for Financial Assistance have out-of-pocket expense for the applicable care that exceeds the amount that the Hospital would generally bill based on Medicaid rates.

AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY

A copy of the Financial Assistance Policy and an application is available at www.hss.edu/financial-assistance. You may request a copy of the Financial Assistance Policy and an application by email, phone, fax, or in person from:

Hospital for Special Surgery
Financial Assistance Program
535 East 70th Street, ERP Plaza Level
New York, NY 10021
Phone: 212-606-1505
Fax: 212-774-2811

The requested materials will be mailed without charge.

For more information about the Financial Assistance Program, or for assistance with the application process, you may speak with a Financial Assistance Associate who can be reached at the contact address, phone number, or location immediately above. Foreign language translation can be provided if requested. Completed applications should be submitted to the Financial Assistance Program at the above address.

The Financial Assistance Policy, application, and this Summary are also available in various foreign languages. Translators can be provided if requested.

If you have a complaint, call the New York State Department of Health at 1-800-804-5447.