HSS West Side ASC
Financial Assistance Policy Summary

HSS West Side ASC 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 HSS West Side ASC services and some services provided by certain HSS West Side ASC physicians and other employees of the HSS West Side ASC. 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 the HSS West Side ASC 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 the HSS West Side ASC 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. Please note that the HSS West Side ASC will accept determinations of HSS, with respect to an HSS patient, and apply such determinations to HSS West Side ASC patients.

The HSS West Side ASC 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 2026 Federal Poverty Guidelines (the "FPL") are below.

Family size	Annual Family Income	Monthly Family Income	Weekly Family Income
1	Up to $111,720	Up to $9,310	Up to $2,148
2	Up to $151,480	Up to $12,623	Up to $2,913
3	Up to $191,240	Up to $15,937	Up to $3,678
4	Up to $231,000	Up to $19,250	Up to $4,442
5	Up to $270,760	Up to $22,563	Up to $5,207
6	Up to $310,520	Up to $25,877	Up to $5,972
7	Up to $350,280	Up to $29,190	Up to $6,736
8	Up to $390,040	Up to $32,503	Up to $7,501

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 West Side ASC 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 HSS West Side ASC 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/locations/ny/west-side-asc/financial-assistance. You may request a copy of the HSS West Side ASC Financial Assistance Policy and an application by email, phone, fax, or in person from:

HSS West Side ASC/Financial Assistance Program
535 East 70th Street 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 HSS West Side ASC Financial Assistance Program, or for assistance with the application process, you may speak with a HSS West Side ASC 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 HSS West Side ASC Financial Assistance Program at the above address.

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

Individuals who feel that the HSS West Side ASC Policy has not been applied in accordance with its terms should seek assistance from the HSS West Side ASC Department of Corporate Compliance and Internal Audit. Complaints should be directed to the HSS West Side ASC Corporate Compliance Officer at 212.548.2481 or the confidential HSS West Side ASC Compliance Helpline at 888.651.6234.

If you have a complaint, you may also call the New York State Department of Health at 1.800.804.5447.