

736 Irving Ave, Syracuse, NY 13210 Phone (315) 470-7030 www.crouse.org

Dear Crouse Hospital Patient:

Attached is an application for financial assistance at Crouse Hospital. Financial assistance, in the form of a sliding scale charity care discount, is available to residents of New York State. Information on income eligibility for financial assistance is also attached. Consideration for financial assistance will apply to eligible services that are considered essential health services provided and billed under Crouse Hospital, Crouse Medical Practice, PLLC, and for services provided in the Crouse Hospital emergency department. Please be advised the financial assistance does not cover convenience items (telephone or television service), elective cosmetic procedures or any services provided by a private, physician group (e.g. radiology or anesthesiology providers). Please review and complete all questions, as the determination for eligibility is based on the information provided.

We will need copies of the following where applicable:

- 1. Last four (4) consecutive weeks of pay stubs (two (2) if paid bi-weekly).
- 2. Confirmation of unemployment, social security, pension, worker's compensation, disability, etc.
- 3. For self-employed persons, a (3) month business ledger or self attestation form (a tax return is optional).
- 4. Medicaid eligibility status (if available from having recently applied).

If you have trouble producing the requested documentation, please let us know. Crouse Hospital may consider applications based on a sworn statement, in lieu of documentation, using the attached self attestation form.

If you have a financial or personal situation you would like taken into consideration, please include a letter with your application.

Please return the completed application to the hospital's address located on the top of the application at your earliest convenience. Crouse Hospital will consider your application for a minimum of (240) days after the date of your first bill.

**Once a completed financial assistance application has been received by Crouse Hospital you may disregard any billing statements until a determination of eligibility has been made.

If you have any questions, please contact the Financial Counseling call center at (315) 470-7030.

Additional information on financial assistance is available on the Crouse Hospital website at www.crouse.org under the "your visit" tab or at the hospital Admitting office.

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