



Dear Crouse Health Patient:

Attached is an application for financial assistance at Crouse Health. Financial assistance, in the form of a sliding scale charity care discount, is available to residents of the United States. 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 Pomeroy Emergency Services Department. Please be advised the financial assistance does not cover convenience items, 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.

When completing an application for Financial Assistance please remember the following:

- An Application is not complete until all required documentation is received. An incomplete application **will not** be reviewed and normal billing cycle procedures will continue.
- **Required Documentation** – attach copies of checks, pay stubs or states that support any of the types of income that are reported on your financial assistance application. In addition, please provide copies of all bills or state that you would like reviewed as part of your application. Please note that we reserve the right to request additional documentation related to your application.
- Once we receive your completed application, you can disregard any bills/statements until you receive written notification regarding the status of your financial assistance application.
- Applicants for financial assistance are expected to fully cooperate in applying for any government sponsored health insurance program (e.g., Medicaid, Child Health Plus, etc) that Crouse Health believes you may be eligible for.

Please return the completed application to the hospital's address located on the top of the application at your earliest convenience. Crouse Health will consider your application for minimum of (365) days after the date of service.

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

Please mail your completed application to:

**Crouse Health**  
Financial Assistance Office  
736 Irving Avenue  
Syracuse, NY 13210