



## Important Information about Paying for Your Care & Financial Assistance

Crouse Hospital wants to provide you with the following important information about the bills you may receive and financial assistance that is available.

It is important for you to know that the physician services you receive while at Crouse Hospital are not included in the Hospital's charges. The information provided in this notice is to help you determine which providers participate in your health plan.

Crouse Hospital is a participating provider in many health plan networks. You can find a list of the plans we participate in on our website at <https://www.crouse.org/prices/faq/>. Physicians who provide services at Crouse may or may not participate in the same health plans as the hospital. A list of employed physicians and contact information for the physician groups the hospital contracts with is available at [www.crouse.org/billing](http://www.crouse.org/billing). Contracted groups include anesthesiology, radiology and pathology services. You should contact these groups directly to find out which health plans they participate in.

Crouse Hospital offers help through our Financial Assistance Program for patients who are low income, uninsured or underinsured and do not otherwise have the ability to pay for health care services. Through the Financial Assistance Program our patients are provided assistance in applying for health insurance coverage through Medicaid and Essential plans and/or are evaluated for the possibility of qualifying for a charity care discount.

Crouse Hospital provides emergency care and medically necessary, essential health services without regard to a patient's source of payment. Charity care discounts are available for eligible patients to help defray the cost of services that are provided by the hospital. Discounts are also available to eligible patients to cover, partially or in full, the cost of coinsurance, co-payments and deductibles for emergency and other medically necessary services.

Charity care discounts are available for uninsured patients and underinsured patients (meaning those patients with inadequate insurance coverage) who meet the eligibility requirements and whose household income is equal to or less than 400% of the most recent federal poverty guidelines or "FPG".

If you are denied Financial Assistance you have the right to appeal. Appeals may be made in writing to the Director of Patient Access, Crouse Hospital, 736 Irving Avenue, Syracuse, NY 13210. Patients may also contact the New York State Department of Health at 1-800-804-5447 with regard to any denial.

The goal of our Financial Assistance Program is to help our patients explore all available options to help meet the cost of health care services provided by Crouse Hospital. A team of hospital financial counselors are available to discuss these options with our patients and/or their families.

To learn more about our Financial Assistance Program, please contact our Financial Counseling Department at 315-470-7030 or visit our website - <https://www.crouse.org/visit/patients/financial-assistance/>.

### **Credit Card Statement –**

There are risks associated with paying for services using a credit card. These risks include:

- Medical bills paid by credit card are no longer considered medical debt
- By paying with a credit card, you are forgoing federal and state protections around medical debt
- Protections that you must acknowledge forgoing include:
  - Prohibition against wage garnishment and property liens
  - Prohibition against reporting medical debt to credit bureaus
  - Limitations on interest rates

The tables below are used to by Crouse Hospital to determine eligibility for financial assistance.

2024 Charity Care Discount Guidelines (Uninsured)			
Discount	90% of Medicaid Rate	80% of Medicaid Rate	CAP Amt
% of FPG	200.00%	300.00%	400.00%
Household Size			
1	\$ 30,120	\$ 45,180	\$ 60,240
2	\$ 40,880	\$ 61,320	\$ 81,760
3	\$ 51,640	\$ 77,460	\$ 103,280
4	\$ 62,400	\$ 93,600	\$ 124,800
5	\$ 73,160	\$ 109,740	\$ 146,320
6	\$ 83,920	\$ 125,880	\$ 167,840
7	\$ 94,680	\$ 142,020	\$ 189,360

2024 Charity Care Discount Guidelines (Insured)			
Discount	90% of Medicaid Rate	80% of Medicaid Rate	CAP Amt
% of FPG	200.00%	300.00%	400.00%
Household Size			
1	\$ 30,120	\$ 45,180	\$ 60,240
2	\$ 40,880	\$ 61,320	\$ 81,760
3	\$ 51,640	\$ 77,460	\$ 103,280
4	\$ 62,400	\$ 93,600	\$ 124,800
5	\$ 73,160	\$ 109,740	\$ 146,320
6	\$ 83,920	\$ 125,880	\$ 167,840
7	\$ 94,680	\$ 142,020	\$ 189,360

**Uninsured:**

- 100% Discount of all charges if Federal Poverty Guidelines (FPG) is below 200%
- 90% Discount off Medicaid Rate if FPG is 201%-300%
- 80% Discount off Medicaid Rate if FPG is 301%-400%

**Underinsured:**

- 100% Discount of all cost share if FPG is below 200%
- 90% Discount off cost share if FPG is 201%-300%
- 80% Discount off cost share if FPG is 301%-400%