



## Centralus Health System Financial Assistance Policy – Plain Language Summary

The Financial Assistance Policy (“FAP”) of Centralus Health System, which includes the following:

Cayuga Medical Center	Arnot Ogden Medical Center
Schuyler Hospital	Ira Davenport Memorial Hospital
Cayuga Addiction Recovery Services	Arnot Medical Services
Cayuga Medical Associates	St. Joseph’s Hospital
Visiting Nurse Services	New Dawn Rehabilitation Services
Cayuga Health Transport	SJH Behavioral Science Unit

Financial Assistance is available to a patient who is uninsured and/or underinsured with a demonstrated inability to pay. Financial assistance applies to medical necessary services that are provided and billed by the entities above including emergency room care.

If you are having trouble paying your medical bill, you may qualify for a discount. Patients are encouraged to complete & submit a financial assistance application, which are available in registration areas or online at [Cayugahealth.org](http://Cayugahealth.org), [Arnothealth.org](http://Arnothealth.org).

**Submit or mail** your completed application where you received your care:

Cayuga Medical Center, Cayuga Medical Associates, Schuyler Hospital	Arnot Health
Cayuga Medical Center Attention: Financial Counselors 101 Dates Drive Ithaca, NY 14850 (607) 252-3728	Arnot Health Attention: Financial Assistance 600 Roe Ave Elmira, NY 14905 (607) 271-3827

**Financial Assistance Eligibility:** Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family household income is less than 200% of the Federal Poverty Level (“FPL”). Patients with household income greater than 200% but less than or equal to 400% of FPL may be eligible for discounted care.

Federal Poverty Level	Discount Amount
Below 200% FPL	Waive all charges
200% - 300% FPL	<b>Uninsured patients:</b> Sliding scale up to 10% of the amount that would have been paid for the services(s) by Medicaid. <b>Underinsured patients:</b> Up to a maximum of 10% of the amount that would have been paid pursuant to such patient’s insurance cost sharing.
301% - 400% FPL	<b>Uninsured patients:</b> Sliding scale up to 20% of the amount that would have been paid for the services(s) by Medicaid. <b>Underinsured patients:</b> Up to a maximum of 20% of the amount that would have been paid pursuant to such patient’s insurance cost sharing.

All applicants will receive a written approval or denial information including appeal instructions within 30 days of receipt of a completed application.