

Financial Assistance



SPRINGFIELD HOSPITAL

"Where People Come First"



Springfield Hospital

Where People Come First

25 RIDGEWOOD ROAD, SPRINGFIELD, VT 05156

WWW.SPRINGFIELDHOSPITAL.ORG

802-885-7081, EXT. 7785

WE OFFER HELP PAYING FOR CARE

We have a financial assistance program to help you afford the care you need. We offer care either free of charge (100% discount) or at partially discounted rates.

WHAT IS THE FINANCIAL ASSISTANCE PROGRAM?

We give free and low-cost care to people who receive care at Springfield Hospital. This program is for people who are uninsured and people who have insurance with out-of-pocket costs, including high deductibles. It can be used for ongoing care and emergencies. The financial assistance applies only to services that are deemed medically necessary for your health.

WHO CAN GET FINANCIAL ASSISTANCE?

To qualify:

- **You must be a resident of Vermont or Sullivan or Cheshire Counties in New Hampshire.** A resident is an individual, regardless of citizenship and including undocumented immigrants, who resides in Vermont, is employed by a Vermont employer to deliver services for the employer in this State in the normal course of the employee's employment, or attends school in Vermont, or a combination of these. The term also includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.
- **Your income must be less than the allowed limit.** There are different income limits for free and low-cost care. Please refer to the charts in the next column.
- **Your "liquid" resources must be less than the limit.** These are assets that are cash or can be easily converted to cash such as checking, savings, money markets, stocks, bonds, and certificates of deposits. Liquid assets do not include the household's primary residence, any 401(K) or individual retirement accounts, or any pension plan assets.
- If you don't qualify, Patient Financial Counselors will submit any applications for extreme hardship that falls outside the guidelines but involve extenuating circumstances. Appeals may be filed within 60 days of receipt of a written determination letter.

INCOME LIMITS

Find your household size and income on the charts below. For most people, your household size will be the people listed on your taxes. If you make too much money for free care, you might qualify for low-cost care.

FREE CARE

You could get free care (pay \$0) if your household income is below 250% of the Federal Poverty Level.

To qualify, your household income would need to be less than:

Household Size	Maximum Income
1 person	\$39,125
2 people	\$52,875
3 people	\$66,625
4 people	\$80,375
5 people	\$94,125
6 people	\$107,875
7 people	\$121,625
8 people	\$135,375

LOW-COST CARE

You could get a 50%-80% discount if your household income is below 400% of the Federal Poverty Level.

To qualify, your household income would need to be in this range:

Household Size	Maximum Income
1 person	\$39,126 - \$62,600
2 people	\$52,876 - \$84,600
3 people	\$66,626 - \$106,600
4 people	\$80,376 - \$128,600
5 people	\$94,126 - \$150,600
6 people	\$107,876 - \$172,600
7 people	\$121,626 - \$194,600
8 people	\$135,376 - \$216,600

CATASTROPHIC CARE

Ask us about catastrophic care if you owe the hospital a lot of money, but your income is too high to qualify for free or low-cost care. This program is for people with income that is less than 600% of the Federal Poverty Level and who owe more than 20% of their yearly income to the hospital for out-of-pocket costs. We can help you figure out if this could help.

HOW TO APPLY

You can apply before or after you get services. If you apply after you get services, you must do this within 240 days of receiving the first bill.

Follow these steps:

1. Get a free application.

- In-person: Visit 25 Ridgewood Road, Springfield, VT
- Online: <https://springfieldhospital.org/financial-assistance/>
- By mail: Call 802-885-7081 ext. 7785 and ask us to mail you a free copy.
- By e-mail: e-mail a request to:
fap@springfieldhospital.org

2. Fill out the application completely.

Don't leave any fields blank and be sure to sign the form.

3. Give or send us your finished application.

- Drop it off at: 25 Ridgewood Road, Springfield, VT
- Mail it to:
Springfield Hospital
Attn: Financial Counselor, Patient Financial Services
P.O. Box 2003, Springfield, VT 05156
- By e-mail: fap@springfieldhospital.org

WHAT HAPPENS NEXT?

You will get a letter from us in the next 30 days. It will say if you are approved, denied, or need to send more information. Not filling out the application completely or not sending all the required documentation may cause delays in processing your application.

MORE INFORMATION

Who accepts financial assistance?

Everyone who works for the hospital accepts financial assistance. There are a few people and groups that can provide services at Springfield Hospital but do not work for the hospital and may not accept the hospital's financial assistance program. Please see our physician directory at www.springfieldhospital.org for details. Each provider's biography page indicates whether the provider accepts the hospital's financial assistance program. Or simply reach out to us and we can let you know if your doctor accepts it.

Non-discrimination

We do not discriminate based on race, color, national origin, ethnicity, ancestry, citizenship, immigration status, primary language, religion, creed, sex, sexual orientation, gender identity, marital status, disability, medical condition, genetic information, or age in the application of policies concerning the acquisition and verification of financial information and eligibility for financial assistance.

Eligibility Requirement

Applicants for financial assistance are reviewed for potential eligibility for state or federal health care programs. Anyone identified with potential to be granted assistance will be instructed to apply.

For all applicants identified as candidates with potential eligibility for Medicare, Medicaid, or benefits through the Vermont Health Care Exchange program, an application for and compliance with those program guidelines is a prerequisite for Springfield Hospital's financial assistance program, with a few exceptions. These requirements will be carefully and confidentially reviewed with you during your application process.

IF YOU NEED ASSISTANCE...

We can help with the application process.

- Visit our financial counseling office:
Springfield Hospital
25 Ridgewood Road, Springfield, VT
- Call: 802-885-7081 ext. 7785
- Email: fap@springfieldhospital.org

Free language support

We give free help to people who need communication or language assistance. We can provide interpretation and translation support. We can also help those who need this information in different formats. Please let us know if you need language support or other assistance.

Read the full policy

This is a plain language summary of our financial assistance policy. Read the longer version with more details on our website below, or ask us for a free copy.

<https://springfieldhospital.org/financial-assistance/>

