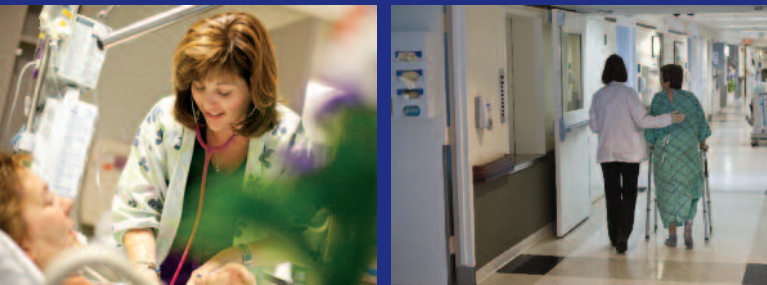


"I don't know how we would have made it through everything without the financial assistance from Middlesex Hospital. The nicest thing was that my husband was able to be in a hospital close by where we live. I can't tell you how important that was."



The mission of the Middlesex Health System is to improve the health and well being of our community by providing quality healthcare services with caring, compassion and skill. We recognize that some patients may have difficulty paying for these services, even those who have health insurance coverage.

If you worry that you will not be able to pay for all or part of your care, we may be able to help. Middlesex Hospital provides financial assistance to patients based on income, assets and financial needs. We are committed to providing high-quality care and to working with you to find ways to pay for these services in a manner that meets your financial needs.

"Middlesex was amazing. Like everyone else we met here, our financial counselor was so patient and compassionate. The financial aid took a load off my mind."

For further information about financial assistance at Middlesex Hospital, contact our financial counselors at (860) 358-2402 or (860) 358-2403 or go to the Hospital's website at www.middlesexhospital.org, key word *Financial Assistance Services*.



A member of the Middlesex Health System
28 Crescent Street, Middletown, CT 06457

For a physician, call 1-800-548-2394
www.middlesexhospital.org

Form # xxxxx Revised 04/2011

Financial Assistance Services

Helping Meet the Needs of Our Community



Questions & Answers

About Middlesex Hospital's Financial Assistance Program

Q: How do I apply or where can I get more information?

A: You can obtain a financial assistance application or information by:

- Calling our financial counselors at (860) 358-2402 or (860) 358-2403
- Visiting our financial counselors at the Middlesex Hospital Outpatient Center at 534 Saybrook Road, Middletown, CT 06457
- Calling our billing customer service department at (860) 358-4870
- Visiting any registration site at the following locations:
 - MIDDLESEX HOSPITAL
28 Crescent St. Middletown, CT 06457
 - SHORELINE MEDICAL CENTER
260 Westbrook Rd., Essex, CT 06426
 - MARLBOROUGH MEDICAL CENTER
14 Jones Hollow Rd., Marlborough, CT 06447
- Downloading the application from www.middlesexhospital.org, under the Financial Assistance Services section

Q: Where do I send my application and supporting documentation?

A: All paperwork should be sent to:
Middlesex Hospital Outpatient Center
Financial Counselors
534 Saybrook Road
Middletown, CT 06457

Q: What is the process?

A: There are three steps:

- You will need to *fully* complete and return your application and supporting documentation to us
- Our financial counselors will review your paperwork with reference to our Uncompensated Care Policy and sliding scale
- We will then notify you in writing of your eligibility determination

Q: What are the Hospital's income guidelines to qualify for financial assistance?

A: Our income guidelines are as follows:

- Eligibility is based on the number of dependents in your household and a sliding scale
- A sliding scale is a range of discounts based on your income and household size; our sliding scale provides discounts to those with incomes that are up to 500% above the Federal Poverty Income Guidelines (please see chart below for a portion of our sliding scale)

INCOME GUIDELINES AT 500% FEDERAL POVERTY INCOME GUIDELINES	
Household Size (#)	Income (at or below):
1	\$ 54,450
2	\$ 73,550
3	\$ 92,650
4	\$ 111,750
5	\$ 130,850
6	\$ 149,950
7	\$ 169,050
8	\$ 188,150

For more dependents, add \$19,100 to income for each additional member.

Q: How long does an application remain active?

A: If your application is approved for financial assistance, it stays active for six months from the approval date.

Special Circumstances

Special circumstances are handled on an individual, case-by-case basis. If there are special circumstances that affect your ability to pay, such as a catastrophic event, we will evaluate your application with consideration given to your current situation.

Payment Plans

You may also arrange for an interest-free payment plan. Please call our customer service representatives at (860) 358-4870 to discuss budget plan options.

Confidentiality

All information provided as part of your financial assistance application is kept confidential and shared only with those responsible for determining your eligibility.

Language and Hearing-Impaired Assistance

If you require language assistance or are hearing impaired, please contact our financial counselors at (860) 358-2402 or (860) 358-2403 who will arrange for help.

MIDDLESEX HOSPITAL
Sources of Income
GROSS HOUSEHOLD INCOME
ASSETS
This form must be...
Tell us about...
MIDDLESEX HOSPITAL
APPLICATION FOR FINANCIAL ASSISTANCE
Applicant Name: _____ Phone: _____
Address: _____ Cell: _____
Spouse/Domestic Partner Name: _____ E-mail: _____
U.S. Citizen: Yes No If Yes to U.S. Citizen, State of Residence: _____
Total Number of Household Members: _____
Date of Birth _____ Relationship to Applicant _____
Health Insurance (e.g. Medicaid, Medicare, other - please specify) _____