

FINANCIAL ASSISTANCE SUMMARY

As part of our mission and commitment to the community, Baystate Health hospitals provide financial assistance to patients who qualify under the Baystate Health hospitals' Financial Assistance Policy.

ELIGIBILITY REQUIREMENTS & ASSISTANCE OFFERED

Patients receiving services from a Baystate Health hospital facility may be eligible for free or reduced-cost health care services through various state programs described in the Baystate Health Hospitals' Financial Assistance Policy (the Policy), including the Massachusetts Health Safety Net. The eligibility criteria for each state program vary by program, and Baystate Health financial counselors are available to help patients apply for state assistance.

Patients also may be eligible for supplemental financial assistance from Baystate Health hospitals with respect to the outstanding portion of emergency or other medically necessary care that is not eligible for assistance under a state (or other) financial assistance program. To qualify for supplemental financial assistance, a patient must first apply for state assistance, satisfy certain income requirements, and meet other eligibility criteria.

Generally...

Patients with family incomes at or below 150% of the Federal Poverty Guidelines are eligible for a 100% discount on emergency or other medically necessary care. Patients with family incomes ranging from 151% to 300% of the Federal Poverty Guidelines are eligible for a discount on emergency or other medically necessary care based upon the Amounts Generally Billed to individuals who have insurance covering such care.

CHARGES FOR EMERGENCY OR MEDICALLY NECESSARY CARE

Patients eligible for financial assistance under the Policy will not be charged more than the Amounts Generally Billed for emergency or other medically necessary care than individuals who have insurance covering such care.

How to apply for financial assistance

To apply for assistance under the Policy, a patient must complete a state application form (the Financial Assistance Policy application), which serves as the patient's application for both state assistance and any supplemental financial assistance from Baystate Health hospitals. Alternatively, Baystate Health hospitals may initiate a Financial Assistance Policy application on behalf of a patient. Free copies of the Policy and the Financial Assistance Policy application, as well as information regarding the Policy and assistance with the application process, are available through any of these sources.

In person: **Hospital Admission Offices and Emergency Departments**



Baystate Medical Center –
759 Chestnut Street, Springfield, MA 01199
Baystate Franklin Medical Center –
164 High Street, Greenfield, MA 01301
Baystate Noble Hospital –
115 West Silver Street, Westfield, MA 01085
Baystate Wing Hospital –
40 Wright Street, Palmer, MA 01069



By telephone: **413-794-2452**



Online:

<https://www.baystatehealth.org/patients/billing-and-financial-assistance>



By mail: **Baystate Health, Inc.**
Attn: Financial Counselors
759 Chestnut Street,
Springfield, MA 01199

English, Russian, and Spanish versions of the Policy, the Financial Assistance Policy application form, and this plain language summary are available at <https://www.baystatehealth.org/patients/billing-and-financial-assistance>, and upon request and without charge by mail and in public locations at Baystate Health hospitals. Patients may not qualify for financial assistance.