

Q. What is the Financial Assistance Program?

A. Based on our mission, Catholic Health is committed to providing health care services to all patients based on medical necessity. However, we also recognize the need to provide financial assistance to those who find it difficult to manage the expenses incurred with receiving medical services at our facilities. The purpose of the Healthcare Assistance Program is to provide help to those in need and to establish the necessary guidelines for eligibility.

Q. How is eligibility determined?

A. Catholic Health extends discounts to uninsured and underinsured patients who receive medically necessary services. While Catholic Health primarily serves the five counties of Western New York, all patients who reside in New York State, contiguous states, or the state of Ohio, and whose household income is equal to or less than 400% of the most recent Federal Poverty Guidelines are eligible. All other patients will be reviewed at the discretion of Catholic Health.

Q. What are the income limits to qualify for Financial Assistance?

A. The amount of the discount varies based on a patient’s income and family size up to 400% of the Federal Poverty Guidelines:

% Federal Poverty Level		Family Size & Income										Healthcare Assistance Discount
From	To	1	2	3	4	5	6	7	8	9	10	
	<200%	<24,980	<33,820	<42,660	<51,500	<60,340	<69,180	<78,020	<86,860	<96,700	<104,540	100% of balance after Uninsured Discount
200%	209%	24,980	34,820	42,660	51,500	60,340	69,180	78,020	86,860	96,700	104,540	100% of balance after Uninsured Discount
210%	219%	26,229	35,511	44,793	54,075	63,357	72,639	81,921	91,203	100,485	109,767	90% of balance after Uninsured Discount
220%	229%	27,478	37,202	46,926	56,650	66,374	78,098	85,822	95,546	105,270	114,994	80% of balance after Uninsured Discount
230%	239%	28,727	38,893	49,059	59,225	69,391	79,557	89,723	99,889	110,055	120,221	70% of balance after Uninsured Discount
240%	249%	29,976	40,584	51,192	61,800	72,408	83,016	93,624	104,232	114,840	125,448	60% of balance after Uninsured Discount
250%	259%	31,225	42,275	53,325	64,375	75,425	86,475	97,525	108,575	119,625	130,675	50% of balance after Uninsured Discount
260%	269%	32,474	43,966	55,458	66,960	78,442	89,934	101,426	112,918	124,410	135,902	40% of balance after Uninsured Discount
270%	279%	33,723	45,657	57,591	69,525	81,459	93,393	105,327	117,261	129,196	141,129	30% of balance after Uninsured Discount
280%	289%	36,221	47,348	59,724	72,100	84,476	96,852	109,228	121,604	133,980	146,356	20% of balance after Uninsured Discount
290%	299%	36,221	49,039	61,857	74,675	87,493	100,311	113,129	125,947	138,765	151,583	15% of balance after Uninsured Discount
300%	349%	37,470	50,730	63,990	77,250	90,510	103,770	117,030	130,290	143,550	156,810	10% of balance after Uninsured Discount
350%	400%	43,715	59,185	74,656	90,125	105,595	121,065	138,585	152,005	167,475	182,945	5% of balance after Uninsured Discount

Q. What services are covered under this program?

A. All Catholic Health ministries and medically necessary services are covered with the exception of the following: non-medically necessary elective services, provider services other than Catholic Health primary care provider services and Catholic Health employed providers, and both sub-acute and skilled nursing long term care services. The program also excludes convenience items such as television, telephone and requested private room charges.

Only services performed by Catholic Health employed providers are covered by the Healthcare Assistance Program. Services performed by non-employed providers within a Catholic Health facility will not be covered by the program and will be billed separately.

Q. What does Medically Necessary mean?

A. According to [Medicare.gov](https://www.medicare.gov), health-care services or supplies are “medically necessary” if they: 1) Are needed to diagnose or treat an illness or injury, condition, disease (or its symptoms). 2) Meet accepted medical standards.

Q. How do I apply for financial assistance?

A. You can find an application on our website <https://www.chsbuffalo.org/billing-insurance/financial-assistance> or you can contact our Patient Financial Services Team at (716) 601-3600 for information.

You will also need to send one of the following forms of current income verification: Signed copy of the patient’s most recent federal tax return; Copies of their last three pay stubs; Copies of their last three (3) unemployment payment stubs; Copies of their last two Social Security Payment Statements; self-employment business records of earnings and expenses; or a signed and notarized statement verifying no income sources.

You can mail your application to:
Catholic Health/RMC.
144 Genesee Street, 3rd Floor
Buffalo, NY 14203
Attn: Supervisor, Credit & Collection Department

Q. Are there important application dates?

A. Yes, you should be aware of the following dates when applying for assistance:

- 1) Patients have until the 240th day after the first billing statement to submit an application.
- 2) Catholic Health will make determinations within 30 days of the receipt of a completed application and supporting documentation.
- 3) If an application is incomplete, Catholic Health will provide written notice of what additional information is needed. Patients will have 30 days from the date of the letter to comply with the

request. If information is not received within the allowed time the case will be considered closed and regular collection efforts will begin.

Q. What if I receive a bill while my application is being processed?

A. You are not required to pay a bill while your application for financial assistance is being processed.

Q. What if it is determined I am not eligible for assistance or if I still cannot afford my balance after an award given?

A. If it is determined you are not eligible for financial assistance, Catholic Health will send you a written explanation. You may appeal any determinations and Catholic Health will provide a written response within 30 days.

Q. How can I get more information about the Financial Assistance Program?

A. You can find more information:

1. At our website <https://www.chsbuffalo.org/billing-insurance/financial-assistance>
2. By contacting our Patient Financial Services Team at (716) 601-3600
3. By visiting one of our facilities

Q. What if I have a problem that cannot be resolved with Catholic Health?

A. You may call the New York State Department of Health complaint hotline at 1-800-804-5447