

CARTHAGE AREA HOSPITAL

Policy: Carthage Area Hospital provides financial assistance to eligible patients. Carthage Area Hospital serves a primary service area that includes Jefferson, Lewis, Oswego and St. Lawrence counties, as well as residents with in New York State.

Eligible patients include all patients, regardless of race, religion, creed or national origin who meet the financial guidelines set forth in the prior year's Poverty Guidelines. Full or partial coverage is contingent upon income. Patient's gross income must not exceed 300% of the prior year Federal Poverty Guidelines.

Procedure: An Application for Financial Assistance coverage may be requested at any time, however, approved financial coverage will only be retroactive for six (6) months prior to the receipt of the completed application. All information is considered strictly confidential.

1. The applicant will have ninety (90) days from the date of service to request an application and thirty (30) days to submit the completed application. A decision regarding the application will be made within thirty (30) working days. Applicants will be notified by letter of the decision. Applicants may request a review of denial or partial denial within thirty (30) days from the denial notice. Applicants wishing to appeal the denial may do so by requesting in writing with additional documentation or any financial or personal situation that they would like taken into consideration.
2. Financial assistance eligibility must be established bi-annually or as the applicants financial circumstances change.
3. Carthage Area Hospital shall prohibit forced sale/foreclosure of patient's primary residence in order to collect an outstanding bill and shall refrain from sending account to collections if account is pending financial assistance.