Financial Assistance Program Summary

The physicians and staff at Rutland Regional Medical Center are committed to providing patients, families and the community with exceptional medical care in a warm and caring environment. Our vision is “To be the Best Community Healthcare System in New England” and we take this very seriously as seen through our service excellence initiatives.

What is Rutland Regional’s Financial Assistance Program?

The Financial Assistance Program outlined here is to provide access to care for those patients without the ability to pay, and to offer a discount from billed gross charges for those who are able to pay a portion of the costs of their care. Rutland Regional will not discriminate in the determination of eligibility on the basis of race, color, creed, sex, sexual orientation, religion, age, or handicap. Applications will be processed, and approval will be determined, based on specified criteria. If approved, a patient’s obligation to Rutland Regional may be reduced or eliminated for a period of time, as specified.

How Do You Apply?

If you feel you are eligible and would like an application, assistance in completing the application, or have general questions about your bill, you may contact the following:

- Financial Counselors business days between 8am and 5pm at 802.747.1648, or PatientAccounts@rrmc.org.

Or go to http://www.rrmc.org/patient-visitors/paying-your-bill/financial-assistance/ for a Financial Assistance Program application or to view our policy and procedure.

What are the Application Guidelines?

- You must complete an application.
- Rutland Regional will make reasonable efforts to determine whether a patient is eligible for financial assistance before pursuing collection actions.
- No Financial Assistance Program eligible individual will be charged more for emergency or other medically necessary care than the amounts generally billed to insurance companies.
- The Financial Assistance Program will cover balances first billed 240 days prior to approval date and one year forward. After which a new application will be required. Any excess patient payments made during this time will be refunded.
- A written notification will be sent notifying individual of eligibility decision, timeframe, and any financial obligation.

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Rutland Regional Medical Center

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Our Promise to You – We Listen, We Respect, We Care…Always!
• Financial assistance adjustments will be applied to all eligible dates of service based on the federal poverty level guidelines. All charges will be forgiven up to 300% of the Federal Poverty Level Guidelines. For 301-400%, there will be a 75% discount, and at 401-500%, there will be a 50% discount.

• An account balance could be sent to an outside agency for collection if 1) failure to complete the application, 2) necessary information to determine eligibility is not provided, or 3) financial assistance is denied and payment plan was not established.

• If you need assistance or help, please follow “How Do You Apply?”

• **How Do You Qualify?**

  • You must be uninsured, underinsured, ineligible for any government healthcare insurance programs, or under financial hardship.

    ▶ For Vermont residents whose household income is lower than 133% of the Federal Poverty Level, the patient must apply for Vermont Medicaid.

  • The services provided to you must be medically necessary.

    ▶ Examples of non-medically necessary exclusions to our Financial Assistance Program include pharmacy, cosmetic surgery, intraocular lens, hearing aids, and Lifeline®.

  • All insurances to include workers compensation and auto insurances must have been billed and benefits paid to Rutland Regional Medical Center, as well as, all insurance guidelines/plan provisions must have been followed, such as obtaining a preauthorization.

  • Proof of household income and family size is required, along with a completed application. Your eligibility must meet the financial assistance criteria based on household income and asset calculations, as compared to the Federal Poverty Level.

    ▶ The kinds of required documentation include Social Security or Disability benefit statement, Unemployment or Pension/Annuity benefits, food stamps, housing subsidy, ANFC, SSI, Individual and Business Federal Income Taxes, bank statements showing liquid assets, and any other extenuating information to show special circumstances. Examples of liquid assets include cash, savings, checking, and CD’s.

    ▶ Assets such as primary residence, rental property, retirement accounts and personal property such as vehicles, furniture, or livestock are not considered in determining eligibility.

• Catastrophic assistance is applicable when expenses exceed 20% of the household income.

**Are There Other Vermont Healthcare Coverages?**

• The State of Vermont offers Medicaid and Dr. Dynasaur health insurances for those individuals that live in Vermont. Eligibility for these plans is based on household income, family size, age, and other factors. For more information on whether you would qualify for one of the plans offered by the State of Vermont, visit the Green Mountain Care website, www.greenmountaincare.org, or call 800.250.8427 business days M-F 8am-8pm.

• Vermont Health Connect offers health plans for Vermont individuals, families, and small businesses. The plans are offered at four levels: Platinum, Gold, Silver, and Bronze. The levels vary in the amount of monthly premium versus out-of-pocket costs and include preventative care, mental health services, and dental and vision coverage. Eligibility for these plans is based on household income, family size, age, and other factors. For information about plans available through Vermont Health Connect, visit their website, www.healthconnect.vermont.gov, or call 1.855.899.9600 business days M-F 8am-8pm.