

Financial Assistance Program

Dear Applicant,

Thank you for choosing Rutland Regional Medical Center as your health care provider.

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.

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 can pay a portion of the costs of their care.

If approved, a patient’s obligation to Rutland Regional may be reduced or eliminated for a period, as specified.

The following criteria must be met to be eligible for financial assistance from Rutland Regional Medical Center:

- 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 emergent or 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. Additionally, all insurance guidelines concerning networks and obtaining preauthorization must have been followed for services to be eligible for Financial Assistance.
- Catastrophic assistance is applicable when Rutland Regional medical expenses exceed 20% of the household income.

- Household income and assets must be within guidelines:

2022 Federal Poverty Guidelines for Financial Assistance Program (FAP)				
Persons in Household	Federal Poverty Level (FPL)	Up to 300% FPL	301-400% FPL	401-500% FPL
1	\$13,590	\$40,770	\$54,360	\$67,950
2	\$18,310	\$54,930	\$73,240	\$91,550
3	\$23,030	\$69,090	\$92,120	\$115,150
4	\$27,750	\$83,250	\$111,000	\$138,750
5	\$32,470	\$97,410	\$129,880	\$162,350
6	\$37,190	\$111,570	\$148,760	\$185,950
7	\$41,910	\$125,730	\$167,640	\$209,550
8	\$46,630	\$139,890	\$186,520	\$233,150
Allowed Discount		100%	75%	50%
Amount Owed		0%	25%	50%
<p>Note: Applicants will be denied when liquid assets are more than the Medicare Low Income Beneficiary Limitation:</p> <p>Single = \$8,400</p> <p>Couple = \$12,600</p>				

If you feel you are eligible and wish to apply for The Rutland Regional Medical Center Financial Assistance Program, please complete the enclosed application form. Please note, you will continue to be financially responsible for all services you receive until your application has been submitted and approved.

If you have any questions or require help in understanding any part of the application process, please contact one of our **Financial Counselors at 802.747.1648** or contact us by email at: patientaccounts@rrmc.org.

For help in completing the application in person our Financial Counselors are available Monday through Friday, 8am – 5pm at the Rutland Regional Medical Center, Financial Counseling Office, 160 Allen Street, Rutland, VT 05701.

Completed applications should be forwarded to the following address:

**Rutland Regional Medical Center
 ATTN: Financial Counseling
 160 Allen Street
 Rutland, VT 05701**

A postage paid envelope is included for your convenience

Required Document Checklist

To determine if you qualify for assistance, you will need to show proof of your income, and supply supporting documents. Please fill out the attached application in full, sign it, and send the application along with a copy of each of the following documents (those that are applicable) for your household:

NOTE: If sending Bank Statement or online documentation, copies must include the bank name, client name, balance and current date.

- Complete copy of your most recent Federal Income Tax Return and all schedules and forms, e.g. 1040, 1099 etc. Note: Cannot substitute W2's, summaries, etc.
- Self-employed/Sole Proprietor must provide complete documentation of the following:
 - a.) Federal Tax Returns and
 - b.) Last 3 months Profit and Loss statement
- Copies of your four (4) most recent pay stubs, from your employer.
- Copy of three (3) consecutive months of bank or other financial statements (e.g., savings, checking, money market, etc.).
- Copy of unemployment benefits statement if applicable (e.g., check, bank statement, online, etc.).
- Copy of disability compensation benefit statement/award letter (e.g., check, bank statement, online, etc.).
- Copy of social security, pension, retirement income (e.g., award letter, check stub, bank statement, etc.).
- Copy of food stamps, housing subsidy, ANFC income (e.g., award letter, check, bank statement, online, etc.).
- Documentation of child support and/or alimony paid or received (e.g., cancelled check, garnishment, bank statement, etc.).
- Rental Income - Copy of current Schedule E of IRS form.
- If an application for state assistance, (e.g. Medicaid, State Health Exchange) has been made in the last 60 days and you have received a decision, please provide a copy.
- Other: _____

Please use the above checklist to ensure that we have all the information we need to quickly and correctly process your application.

It is important that your application be complete, and that all necessary documentation is received. Applications received without supporting documents cannot be processed. All information you provide to us is confidential.

Frequently Asked Questions & Information You Should Know

Where can I get an application?

- Applications are available at Rutland Regional Medical Center, 160 Allen Street, Rutland, VT 05701 in the Financial Counseling office.
- Request an application by phone during business days between 8am and 5pm by calling 802.747.1648.
- Request an application by email at patientaccounts@rrmc.org.
- To view and/or print the Financial Assistance Application online, go to <http://www.rrmc.org/patient-visitors/paying-your-bill/financial-assistance/>

Can I get help completing my application?

Yes. Please contact one of our Financial Counselors at 802.747.1648 or contact us by email at: patientaccounts@rrmc.org. If you would like to speak to a representative in person, our Financial Counseling Office is located at the Rutland Regional Medical Center, 160 Allen Street, Rutland, VT 05701 on the ground floor, across from the gift shop.

If a question or section does not pertain to me, can it be left blank?

No. We cannot assume an unanswered question or section means it does not apply to you. One of the requirements when applying for financial assistance with Rutland Regional Medical Center is a complete application. If a section or question does not apply, write "N/A" for not applicable.

Why was the verification I sent for my bank account(s) not accepted?

We require a copy of the original bank statement(s). If this is not available, we will only accept a substitute statement which has the following: bank name, client name, type of account, current date, and current balance. Each of these items must be printed on bank letterhead and not handwritten.

What is a benefit award letter?

If you are receiving social security or disability benefits, this is the yearly letter that social security sends notifying you of your monthly eligible benefits. For verification purposes we will accept a copy of the benefit award letter, a copy of your social security (disability) check or if you have direct deposit, we will accept your bank statement showing your social security deposit as verification. Whichever verification is used, the monthly eligibility benefits should match the amount given on the application.

I sent my W2's then I received my application back asking for my Federal Tax Return. Why?

There is a difference between your W-2's and your Federal Tax Return. A W-2 is simply a statement of your earnings. Your Federal Tax Return is a complete recording of your total income. We require a copy of your Federal Tax Return. W-2's cannot be used as a substitute. We also do not accept summaries from your eFiles of Federal Tax Returns. If you do not have a copy of your Federal Tax Return contact the Internal Revenue Service (IRS) at 800.908.9946 and request a tax return transcript at no cost or visit www.irs.gov/Individuals/Get-transcript.

What year of my Federal Tax Return do I send?

Provide the most current year – after April 15.

My employer does not provide pay stubs, what should I do?

If pay stubs are not provided by your employer, an affidavit on letterhead from the company you work for will be accepted. The affidavit must show gross pay, deductions, and net pay for one month. Please note, income verification is required from all members of your household.

I do not complete a quarterly profit and loss for my business. Can I just send my current Federal Tax Return?

If you are self-employed, you will need to provide us with the most current Federal Tax Return and the current year quarterly profit and loss statement. Even though your business may not complete a profit and loss, it is a requirement when you apply for the Financial Assistance Program. For your convenience, a Profit & Loss template worksheet is available upon request.

What is the coverage period for financial assistance?

The Financial Assistance Program will cover balances first billed 240 days prior to approval date and one year forward. Any excess patient payments made during this time will be refunded. Applicants may reapply after the current coverage period ends.

How often do I need to re-apply for financial assistance?

The Financial Assistance Program at Rutland Regional Medical Center is not an insurance company or a program such as Medicaid. We are here to assist patients who face financial hardship and are unable to pay their bills. The program application approval period extends for one year from the approval date.

Income and Asset Guidelines

To be eligible for financial assistance from Rutland Regional Medical Center, your income and assets should be at or below the monthly guidelines shown below. Some items such as your primary residence and non-recreational vehicles are not considered assets for this purpose. If your income and/or assets exceed the guidelines (500%) but you have extenuating circumstances, an application may be considered when submitted with a letter explaining your extenuating circumstances. In order to manage our resources responsibly and to allow Rutland Regional Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, Rutland Regional Medical Center has implemented a policy with guidelines to help based upon a sliding fee scale. Balances after any financial assistance has been applied shall remain the responsibility of the patient and should be paid promptly.

Discrimination is Against the Law

Rutland Regional Medical Center complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Financial Assistance Program – Application

Applicant's Information

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number
Address		City	State	Zip Code
				Home Phone Number
Employer or check one:				
<input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired				
Spouse's Employer or check one:				
<input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired				

Household Information

How many people are residing in your home? _____

Please list everyone residing in your home and their relationship to you:

Full Name	Last 4 Digits of SSN	Relation to You	Employed? Yes/No
		Self	

If you need more space, list additional people on a separate piece of paper and attach to this application.

Additional Information

Are you covered under any health insurance policy? Yes No

If yes, list insurance(s):

Ins. Co. Name: _____ ID # _____

Ins. Co. Name: _____ ID # _____

If no, answer next question:

Did you ever enroll in Vermont Health Connect? Yes No If yes, date: _____

Did you ever enroll in Vermont Medicaid? Yes No If yes, date: _____

Note: Final eligibility determination letter will be required.

If no, reason: _____

Did you file and/or are you required to file a Federal Income Tax Return? Yes No

If yes, you must provide copies of your current Federal Income Tax Return

If no, reason: _____

Expenses & Liabilities

All fields must be filled out. Enter n/a or \$0 if not applicable.

Monthly Living Expenses			
	Monthly Expense	Comments	
Rent	\$		
Utilities	\$		
Health Insurance	\$		
Alimony	\$		
Child Support	\$		
Child Care	\$		
Other	\$		
Installment Debts			
	Monthly Payment	Unpaid Balance	Comments
Mortgage	\$	\$	
Auto (1)	\$	\$	
Auto (2)	\$	\$	
Hospital	\$	\$	
Private Doctor	\$	\$	
Credit Cards	\$	\$	
Other	\$	\$	

If necessary, list additional debts on a separate sheet of paper and attach to this application.

Income and Assets

All fields must be filled out. Enter n/a or \$0 if not applicable.

Monthly Income From	Person 1	Person 2	
Name of household member			Required documents
Gross Wages	\$	\$	30 Days of pay stubs
Business Income	\$	\$	3 Quarterly Profit & Loss statements
Social Security	\$	\$	Award letter, bank statement
Disability	\$	\$	Award letter, bank statement
Pension	\$	\$	Bank statement, pension check stub
Unemployment	\$	\$	Bank statement, online, etc.
Alimony / Child Support	\$	\$	Check, garnishment, bank statement
Rental Income	\$	\$	Schedule E tax return, etc.
Food Stamps	\$	\$	Award letter, bank statement
Housing Subsidy	\$	\$	Award letter, etc.
Other Income	\$	\$	Contact Financial Counseling
Total:	\$	\$	

Liquid Assets			
Checking Account Balance	\$	\$	3 Consecutive bank statements
Savings	\$	\$	3 Consecutive bank statements
CD Account Balance	\$	\$	3 Consecutive bank statements
Money Market	\$	\$	3 Consecutive bank statements
Other:	\$	\$	3 Consecutive bank statements
Total:	\$	\$	

Please Read Carefully

I am requesting Financial Assistance from Rutland Regional Medical Center. I verify that all information I have provided is accurate and complete. Any incorrect, incomplete or false information provided may result in cancellation of my application for Financial Assistance. Any information provided will be used solely to determine eligibility for the Financial Assistance Program. Information will remain confidential under the provisions of HIPAA federal regulations.

Signature

Date