



EASTERN NIAGARA HOSPITAL

521 East Avenue
 Lockport, New York 14094
 (716) 514-5700

Outpatient Sites:
 5875 Transit Road
 Lockport, NY 14094
 2600 William Street
 Newfane, NY 14108

EASTERN NIAGARA HOSPITAL CHARITY CARE POLICY

STATEMENT OF POLICY

Eastern Niagara Hospital's Charity Care Policy is a policy that seeks to serve the health care needs of the community by providing free or discounted care to patients who are in need of care, but may not be able to pay for the services they receive because of limited or nonexistent insurance coverage and/or financial resources.

QUALIFICATIONS

Qualifications for the program are based on the household income in relation to the total number of dependents in the household. The household income guidelines used in determining a patient's eligibility for the program are listed below. Please note: The income levels will be used as a general guideline. Failure to meet these guidelines will not automatically disqualify a recipient for Charity Care approval. Catastrophic situations or extenuating circumstances often exist. Each account determination will be made taking into consideration all available information. If you are denied Charity Care you have the right to appeal the decision.

REQUIREMENTS

To ensure all patients requesting consideration for the qualification of Charity Care are considered equally and fairly, the patient and/or legal representative are required to follow these guidelines.

1. Complete the Charity Care Application form.
2. Provide proof of income. Income may be provided by using one or more of the following: income tax return, wage statement, unemployment check, social security or pension check or any other proof of income.

Family Size	100% Discount Income less than	75% Discount Income Less than	50% Discount Income less than	25% Discount Income less than	Cap Rate Income less than
1	\$12,060	\$18,090	\$24,120	\$30,150	\$36,180
2	\$16,240	\$24,360	\$32,480	\$40,600	\$48,720
3	\$20,420	\$30,630	\$40,840	\$51,050	\$61,260
4	\$24,600	\$36,900	\$49,200	\$61,500	\$73,800
5	\$28,780	\$43,170	\$57,560	\$71,950	\$86,340
6	\$32,960	\$49,440	\$65,920	\$82,400	\$98,880
7	\$37,140	\$55,710	\$74,280	\$92,850	\$111,420
8	\$41,320	\$61,980	\$82,640	\$103,300	\$123,960

**For each additional person add \$4,160.

***Discount is not off of charges, it is off a capped rate.



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CHARITY CARE APPLICATION

PATIENTS NAME: _____

ADDRESS: _____

GUARANTOR'S NAME: _____

TOTAL HOUSEHOLD INCOME: _____ \$ _____ \$ _____ \$ _____
WEEKLY MONTHLY YEARLY

****ATTACH PROOF OF INCOME**

HOUSEHOLD MEMBERS

NAME	BIRTHDATE	S.S#	RELATIONSHIP

Do you or any family members listed above have any other open accounts with Eastern Niagara Hospital? Yes ___ No ___

If Yes, please provide us with the account numbers and/or dates of service:

Patient's Name	Account #	Date of Service	Amount

Please return or mail this completed application along with proof of income to:

Eastern Niagara Hospital
Attn: Patient Accounting
521 East Avenue
Lockport NY 14094

If you have any questions or concerns, please call us at (716) 514-5898.

APPLICANTS SIGNATURE: _____ **DATE:** _____

CERTIFICATION: In signing this application, I swear and affirm that the information I have given or will give to Eastern Niagara Hospital as a basis for Charity Care is correct.