EASTERN NIAGARA HOSPITAL

2600 WILLIAM STREET **521 EAST AVENUE**
NEWFANE, NEW YORK 14108 **LOCKPORT, NEW YORK 14094**

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.**
3. **Submit a Medicaid denial.**

	100% Discount	75% Discount	50% Discount	25% Discount	Cap Rate
Family Size	Income less than	Income Less than	Income less than	Income less than	Income less than
1	$10,830	$16,245	$21,660	$27,075	$32,490
2	$14,570	$21,855	$29,140	$36,425	$43,710
3	$18,310	$27,465	$36,620	$45,775	$54,930
4	$22,050	$33,075	$44,100	$55,125	$66,150
5	$25,790	$36,685	$51,580	$64,475	$77,370
6	$29,530	$44,295	$59,060	$73,825	$88,590
7	$33,270	$49,905	$66,540	$83,175	$99,810
8	$37,010	$55,515	$74,020	$92,525	$111,030

**For each additional person add $3,600.

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

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