

<p>The Westchester Medical Practice, P.C. (Operating under the assumed name) NEWYORK-PRESBYTERIAN MEDICAL GROUP/HUDSON VALLEY FINANCIAL AID POLICY</p>	
POLICY TITLE: FINANCIAL AID	
SUBJECT:	APPROVED BY:
FILE NAME:	POLICY #
REVISION DATES: September 15, 2020	PAGE 1 OF 1

1) POLICY STATEMENT

a) NewYork-Presbyterian Medical Group/Hudson Valley (hereafter Medical Group) recognizes its responsibility to provide financial aid (hereafter Financial Aid) for those who may be uninsured or underinsured and receive urgent or emergency services or other medically necessary services at any Medical Group location. Medical Group is committed to the individual patient need and to providing Financial Aid when warranted, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliation. Medical Group supports and furthers the charitable purposes of NewYork-Presbyterian/Hudson Valley (the "Hospital") by engaging in the practice of medicine as directed by the Hospital. Services provided and billed by Hospital are subject to Hospital's own financial aid policies and procedures.

2) FINANCIAL AID POLICY

a) Medical Group and all employed physicians and other clinicians whose professional services are billed by Medical Group will participate in the Medicare and Medicaid programs and comply with all applicable statutes, regulations and guidelines related to participation in such programs and health benefit plans including those that relate to Financial Aid.

b) It is our policy to provide emergency care to all patients regardless of ability to pay.

c) Financial Aid will be considered on a case-by-case basis.

d) Medical Group will seek to collect patient co-payments and/or deductibles for services not reimbursed by insurance and such receivable amount will not be routinely written off of as uncollectible without appropriate attempts made to collect, except where Financial Aid is granted.

i. Patient balances may be afforded a discount, where financial hardship is demonstrated.

ii. Patients requesting relief from payment due to financial hardship may be required to provide relevant information as well as to complete a Medical Group Financial Hardship Worksheet. All completed and returned applications shall be tracked and retained. Financial Aid applications for uninsured or underinsured patients will be evaluated based on the patient's total gross family income. In order that funds for uncompensated care are not misused and are available for those in need, Medical Group will make reasonable attempts to assist eligible candidates to become covered under any available assistance programs, including Medicaid, other government coverage, commercial coverage or other available coverage in the community. Eligible patients are expected to cooperate by applying for Medicaid or other available coverage, where applicable.

e) This Financial Aid Policy will be reviewed annually and updated as necessary including updates to any outside guidelines, regulations or statutes that may apply, including but not limited to Department of Health and Human Services Poverty Guidelines and IRS rules.