



Weeks Medical Center

8 Clover Lane, PO Box 240, Whitefield, NH 03598

Date:

Dear Applicant:

You may be able to get financial help from Weeks Medical Center. The WHA program is for individuals who have insurance. To get financial help through the Weeks Medical Center with out-of-pocket expenses your insurance must be active and accepted by and in-network with the provider.

To find out if you or your household qualifies for Weeks Health Access (for insured), you must give us proof of your income. Please fill out the attached application and sign it. Then, please send us that application and a COPY of each of the following for your household:

Documentation	Attached	Not Required
Complete copy of your most recent Federal Income Tax Return and all schedules		
Copies of most recent W-2 forms		
Copies of the three (3) most recent, consecutive paycheck stubs or a statement from the employer.		
Copies of social security income (yearly benefits statements, copy of check or direct deposit)		
Copies of unemployment or disability compensation benefits statements		
Copies of pension benefits stubs		
Copies of government assistance notices (including Department of Health & Human Services and Medicaid Spend Down Letter)		
Copies of Denial Notices from Medicaid, including Premium Assistance Plan		

Please use this checklist to be sure we have all the information we need to quickly and correctly process your application. We may ask you for additional information about your credit evaluation and income tax return. The information you provide is confidential. You will continue to be financially responsible for any services you receive until we know whether you qualify for help.

If you have not heard from us within 60 days after returning your application, or you need help in understanding it, please call us at 603-788-5354 or 603-788-5093.

Sincerely,
Weeks Health Access Committee

Weeks Medical Center Financial Assistance Policy - Plain Language Summary

Weeks Medical Center provides eligible patients fully discounted emergency or medically necessary care through Weeks Health Access (WHA). Certain exclusions apply, including, for example, elective services, balances covered by other funding sources, and failure to cooperate in securing alternative funding sources (including Medicaid, Medicare, Insurance exchange and Employer sponsored insurance). This document is only a summary. Please refer to the Financial Assistance Policy at www.weeksmedical.org for complete details.

Assistance Offered and Eligibility

Patients who qualify for assistance receive 100% coverage through WHA for emergency and other medically necessary services. The necessity for medical treatment of any patient will be based on the clinical judgment of the health care provider without regard to the financial status of the patient. All patients will be treated for emergency medical conditions regardless of ability to pay or to qualify for financial assistance in accordance with federal and state law.

To be eligible, patients must reside within one of our specified catchment areas and qualify based on income and assets as follows:

- Household annual income (including defined assets) does not exceed 300% of the Federal Poverty guidelines, based upon family size.
- Assets (not including primary residence and retirement accounts up to \$100,000) will total less than \$2,500 for one, \$4,000 for 2, plus \$100 for each additional family member.

Patients without insurance, and not eligible for WHA, will not be charged more than the amounts generally billed to patients who have insurance.

Applying for Financial Assistance

The application process involves filling out the Financial Assistance Application and submitting the application and supporting documents for processing. You may obtain information about the application process, or obtain copies of the Financial Assistance Policy or Application:

- On our web site: www.weeksmedical.org - Patients & Visitors, Financial Assistance
- By phone: (603) 788-5354
- In person: Any registration location, or at our Business Office

Application assistance is available through our Patient Financial Counselor located in our Business Office, 8 Clover Lane, Whitefield, NH

Please call (603) 788-5354 for an appointment.

Title: Financial Assistance Policy Plain Language Summary

Owner: Patient Accounts

Approved by: Senior Staff 9/2016; CQI Committee 9/26/2016; Finance Committee 9/2016

Accrediting/Lic Body:

Standard/Rule #

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