



<b>Bristol Health</b>
Financial Assistance Policy

**PURPOSE:**

Consistent with the mission and values of Bristol Hospital & Health Care Group, it is the policy of Bristol Hospital to provide emergency and medically necessary care to patients, regardless of their ability to pay. This policy sets forth the conditions for providing free or discounted services to patients in need. Described below are the eligibility criteria for free or discounted care, the application process, the Bristol Health entities and providers which are subject to this policy, and a description of the collection actions in the event of non-payment of bills. This policy is intended to comply with Section 501(r) of the Internal Revenue Code and the financial assistance and charity care requirements set forth in the Connecticut General Statutes, including Chapter 368z, as well as any regulations issued thereunder.

**DEFINITIONS:**

**Amount Generally Billed (AGB):** the average amount paid by all private in-network health insurance plans, as well as Medicare, for emergency or medically necessary care. Bristol Health employs the “look back method” as defined in Section 501(r)(5)(b)(1) of the Internal Revenue Code.

**Countable Assets:** assets that are available for payment of healthcare, personal and household expenses, including, but not necessarily limited to, cash, marketable securities, bank accounts, cryptocurrency, health savings accounts (HSAs), flexible spending accounts (FSAs), health reimbursement accounts (HRAs), individual retirement accounts (IRAs), the cash value of life insurance policies, real estate that is not a primary residence, motor vehicles that are not needed for work or healthcare transportation. Countable assets do not include: a primary residence, motor vehicles needed for work or healthcare transportation, personal and household goods, tools needed for work, term life insurance with no cash surrender value.

**Eligibility Criteria:** the criteria set forth in this policy to determine whether a patient qualifies for financial assistance for emergency care or medically necessary care.

**Emergency Care:** medical care provided to treat an injury or a sudden onset of an illness or disease manifesting itself by acute symptoms of sufficient severity such that if left untreated could reasonably be expected to put the health of that individual, or the health of a newborn child, in serious jeopardy.

**EMTALA:** the Emergency Medical Treatment and Labor Act, 42 U.S.C. §1395dd.

**Family:** a group of two or more people who reside together and who are related by birth, marriage, civil union, or adoption, which conforms to the U.S. Census Bureau definition. According to Internal Revenue Service rules, if the patient claims someone as a dependent on the patient’s income tax return, that person may be considered a dependent when determining eligibility for financial assistance.

**Family Income:** all sources of income for an individual and his/her family. Family income includes, but is not necessarily limited to, all components of the individual's and his/her spouse's and household members' gross income as stated on the IRS Form 1040.

**Financial Assistance:** free or discounted emergency care or medically necessary care provided to patients who meet the eligibility criteria, and cannot afford to pay for all or a part of their care.

**FPL:** Federal Poverty Level Guidelines published annually by the U.S. Department of Health and Human Services.

**Free Bed Funds:** refers to money generously donated to Bristol Health for the purpose of providing care for patients who may be unable to afford it.

**In-Network Health Insurance Plan:** an insurance plan with which Bristol Health has a participating provider relationship.

**Medically Necessary Care:** medical care considered as reasonable and necessary to prevent, diagnose and/or treat a medical condition, illness, injury, or disease that meets professional standards of medical care generally accepted in the medical community, is clinically appropriate and not primarily for the convenience of the patient.

**Patient:** a person receiving, or registered to receive, medical treatment, or in the context of the policy, refers to the person responsible for payment.

**Self-pay:** a person who, whether uninsured or not, elects to be solely and exclusively responsible for payment on account of emergency or medically necessary care provided to him/her.

**Standard Self-Pay / Uninsured Discount:** Bristol Health will limit amounts charged for emergency or medically necessary care provided to self-pay and eligible uninsured patients who qualify for financial assistance under this policy at Bristol Hospital to not more than AGB. The current AGB is set forth in Appendix A and may be reviewed and adjusted by Bristol Health from time to time based on changes in Bristol Health's commercial reimbursement rates, as well as the rates Bristol Health charges for medical care.

**Uninsured:** a person who is liable for one or more health services and is not eligible for coverage under the Medicare or CHAMPUS programs, or under any Medicaid or health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefits program, including but not necessarily limited to, worker's compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence. This includes an individual whose insurance coverage is terminated while receiving services at Bristol Hospital, and is thus individually liable for some portion of his/her bill.

#### **POLICY STATEMENT:**

It is the policy of Bristol Health to provide financial assistance to eligible patients who have difficulty paying for emergency or medically necessary services. Regardless of eligibility for such financial assistance, Bristol Health will provide care, without discrimination, and without regard to payer source, for emergency care in accordance with EMTALA and Bristol Hospital's emergency medical treatment policy. Bristol Health, by adopting this policy strives to provide the appropriate level of financial assistance to the greatest number of eligible patients who are truly in need, while at the same time ensuring that Bristol Health has the resources available to serve its community.

#### **BRISTOL HEALTH ENTITIES AND INDIVIDUAL PRACTITIONERS COVERED:**

This policy applies to the following affiliate(s) of Bristol Hospital & Health Care Group (“Bristol Health”): Bristol Hospital. Also, a list of Bristol Health providers who provide emergency or medically necessary care at Bristol Hospital is contained in Appendix B, which list indicates if the provider is covered under this policy. If the provider is not covered under this policy, patients should contact the provider’s office directly regarding eligibility for free or discounted medical care.

### **PATIENT ELIGIBILITY:**

Uninsured patients who are U.S. citizens and have permanent residence for at least one (1) year in Bristol Health’s primary or secondary service areas are eligible to apply for financial assistance. Bristol Health’s primary and secondary service areas consist of the following Connecticut towns and cities: Bristol, Plainville, Plymouth, Terryville, Burlington, Farmington, Southington, Harwinton, Thomaston and Wolcott. In addition, uninsured lawful non-U.S. citizen residents who meet the five (5) year residency requirement for Connecticut Medicaid, and who have permanent residence in Bristol Health’s primary or secondary service areas for at least one (1) year, are also eligible to apply for financial assistance.

Any patient who is not eligible to apply for financial assistance as described above may qualify for financial assistance if the patient receives emergency care required by EMTALA, and is determined to be eligible for financial assistance based on a case-by-case review by Bristol Health of family income, countable assets and other criteria set forth in this policy. Except in such cases where Bristol Health determines, in its sole discretion, that an otherwise ineligible patient who receives emergency care required by EMTALA qualifies for financial assistance, a patient who does not meet the eligibility criteria noted above will not be considered for financial assistance.

Financial assistance is not considered to be a substitute for patient responsibility. Patients are expected to cooperate with Bristol Health’s financial assistance application procedures and to contribute to the costs of their care based on their ability to pay. Individuals with the financial capacity to purchase health insurance will be encouraged to do so as a means of assuring access to health care services for their overall personal health; and for the protection of their countable assets. Patients must cooperate with Bristol Health in applying for governmental programs, including Medicaid, to assure access to health care services.

### **SCOPE OF FINANCIAL ASSISTANCE:**

Financial assistance applies to emergency and medically necessary care provided at Bristol Hospital. Financial assistance is not available for: (i) elective, cosmetic and uncovered bariatric procedures, or other procedures and costs that are not considered medically necessary under generally accepted medical standards, or (ii) services provided at Bristol Health sites of services other than Bristol Hospital. In addition, financial assistance is not available for ancillary fees for items and services such as private duty nursing, convenience fees such as television and telephone charges, and other discounts and reductions that are not described in this policy.

### **LEVELS OF FINANCIAL ASSISTANCE:**

Self-pay and uninsured patients who meet the eligibility criteria set forth in this policy and qualify for financial assistance will receive the Standard Self-Pay / Uninsured Discount for emergency or medically necessary care provided at Bristol Hospital.

If further financial assistance is needed in meeting his/her remaining financial obligation, the patient will follow the application procedures below. If the patient’s countable assets, as determined by documentation provided by the patient to Bristol Health, are insufficient to provide the patient with a meaningful ability to pay his/her medical bills, the following discounts will be applied:

If family income is verified to be less than or equal to 200% of the FPL, the patient will qualify for a 100% discount against the patient’s account balance.

If family income is verified to be between 200% to 450% of the FPL, the patient will qualify for the following discount against the patient's account balance:

201% - 350% of the FPL	75% discount
351% - 450% of the FPL	65% discount

If a patient is determined to be unable to pay his/her medical bills due to catastrophic medical expenses that exceed at least 50% of his/her family income, the patient may qualify for a discount on a case-by-case basis in the sole discretion of Bristol Health.

A patient may also qualify for free bed funds in accordance with Bristol Hospital's guidelines. Information about the hospital's free bed fund program can be obtained by calling a Bristol Health Financial Representative at 860-585-3035.

All patients requesting financial assistance must submit an application following the procedures outlined below in order to be considered for financial assistance.

### **APPLICATION PROCEDURES:**

In order to be considered for financial assistance, the patient must complete a Financial Assistance Application (available on the Bristol Health website) and provide certain financial information and other documentation that may be requested for determination of eligibility under the policy. In the event the patient is unable or unwilling to complete an application, Bristol Health may, in its sole discretion, utilize outside agencies and sources to estimate income amounts for determining financial assistance eligibility and potential discount amounts.

Bristol Health will attempt to assist all patients registered as 'Uninsured or self-pay' with identifying and securing coverage, and/or establishing a payment plan for amounts determined to be a patient responsibility prior to receipt of medically necessary care, and will provide any patients who may not be able to secure coverage, or pay for the service, with information about this policy and the application process.

All patients requesting consideration for financial assistance should apply for Medicaid coverage or another available government supported insurance program. If the patient balance is under \$230 the patient may apply for financial assistance without applying for Medicaid coverage. The requirement to apply for Medicaid coverage or another available government supported insurance program may be waived at the discretion of the financial services staff and approval of a supervisor after assessment of the patient's financial status.

All applications must include the following documentation:

1. Proof of legal residency status (e.g. social security card or driver's license) and proof of permanent residency for at least one (1) year in Bristol Health's primary or secondary service areas: Bristol, Plainville, Plymouth, Terryville, Burlington, Farmington, Southington, Harwinton, Thomaston and Wolcott.
2. All sources of income, including spousal income, at the time of application and any other documentation sufficient to show annual family income (Note that if loss of income is due to patient's personal choice, the patient may not qualify for financial assistance).
3. Identification of all countable assets (see definition above), which will include all real estate and motor vehicles owned.
4. Most recent complete IRS Form 1040 tax return with supporting schedules and W-2(s).
5. Most recent account statements for: bank accounts, marketable securities accounts, cryptocurrency accounts, health savings accounts (HSAs), flexible spending accounts (FSAs), health reimbursement accounts

- (HRAs), and individual retirement accounts (IRAs), as well the most recent statements for any loans or mortgages.
6. Other documents:
    - a. Four (4) most recent weekly paystubs, or two (2) bi-weekly paystubs, including the employer's name
    - b. A statement from the employer on company letterhead stating gross wages for last four (4) weeks and that the employer does not offer health/medical insurance
    - c. If self-employed, self-employment worksheet and all 1040 forms and schedules (C,D,SE,K etc.)
    - d. Social Security confidential form 2458 or copy of check, or bank statement, or SSA-4926SM.
    - e. Pension or annuity check stubs
    - f. Workers compensation or disability statement with benefits and period covered
    - g. DOL form or printout for Unemployment Compensation benefits
    - h. HUSKY Health self-employment income verification form
  7. Proof of identity that can include, but is not limited to, documents that contain a photograph or other identifying information, such as, name, age, sex, race, height, weight, eye color and address. Acceptable documents include:
    - a. Driver's license issued by a state or territory
    - b. Identification card issues by a school, military, a federal, state or local government, a military dependent card or U.S. Coast Guard Merchant Marine
    - c. Clinic, doctor, hospital or school record for children under 19 years of age
    - d. Two (2) documents that provide information that is consistent with the applicant's identity such as, but not limited to, high school and college diploma, marriage or divorce records, property deeds, rental agreements
    - e. A finding of identity from a federal or state agency, if the agency has verified the identity
    - f. An affidavit signed, under penalty of perjury, by another person who can reasonably testify to a person's identity, if no other documentation is available

The application period begins: the day of admission (for inpatient or emergency services), or the date that care is provided (for outpatient services) and ends: 180 days after the day of admission (for inpatient or emergency services), or 180 days after the date of service (for outpatient services). The patient/guarantor, or an authorized representative, has 30 days from the date a request for financial assistance is made to present all required forms of documentation for consideration. A financial assistance application will be considered a "complete application" when the following criteria have been met:

- The application has been received in the Patient Financial Services Department.
- The patient/guarantor or an authorized representative has signed the application.
- All questions on the application have been answered truthfully and comprehensively.
- Income verification and other documentation that is sufficient to make an eligibility determination has been provided.

If the financial assistance application is not complete, a Bristol Health Financial Representative will send one follow-up letter to the patient. This letter will indicate the information that is necessary to process the application.

The applicant/guarantor or authorized representative must provide the required documentation within 30 days of receipt of the follow-up letter. If the information is not received within this time frame, the application will be denied. A letter with the reason for denial will be sent to the applicant and the patient account will be placed back in standard billing proceedings.

Bristol Health will stop sending billing statements to anyone who has requested an application for financial assistance for up to 30 days following the request. If the application is not submitted within 30 days, billing statements will resume. Once the application is submitted, billing statements will not be sent while the application is being considered, and will resume only if the application is denied.

**APPLICATION REVIEW PROCESS:**

A complete application will be evaluated by a Bristol Health Financial Representative to determine eligibility. In addition to review of the completed application, best practices available at that time will be used to assess patient income from all sources, including self-employed gross income, assets, liabilities and potential unreported insurance.

1. If all eligibility criteria have been met, a letter of approval will be sent to the applicant/guarantor that will indicate the eligibility period and percentage of discount.
2. If all eligibility criteria have not been met, a letter of denial will be sent to the applicant/guarantor with the reason for the denial and instructions on the appeal process.
3. The applicant/guarantor will have 30 days from the date of the denial letter to submit an appeal; and provide documents to support the appeal. The Chief Financial Officer will make the final decision on the appeal, and the applicant/guarantor will be notified of the outcome.
4. Applications that have been approved and processed will be maintained in a central file in the Financial Assistance Office.
5. The eligibility period for an approved application will be 180 days beginning on the date the person is determined to be eligible for financial assistance. If a person's family income or countable assets change during the 180 day eligibility period, his/her financial assistance determination may change. If services continue beyond 180 days, a new application for financial assistance must be submitted.

**Presumptive Eligibility:** There are instances when an uninsured patient who is a permanent resident in Bristol Health's primary or secondary services areas, and who has received medically necessary services may appear eligible for financial assistance discounts, but there is no approved financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Bristol Health could use outside agencies and sources to estimate income amounts for determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the patient may receive a sliding scale discount up to a 100% write-off of the account balance based on individual circumstances, and levels of authorization defined separately. Examples include:

1. State-funded prescription programs
2. Homeless or received care from a homeless clinic.
3. Participation in Women, Infants and Children programs (WIC)
4. Food stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend down)
7. Low income/subsidized housing is provided as a valid address
8. Patient is deceased with no known estate

**ACTIONS TAKEN IN THE EVENT OF NONPAYMENT:**

Insured patients are expected to pay in full, and charges will not be waived. The actions that Bristol Health may take in the event of nonpayment are set forth in a separate Billing and Collection Policy that can be found on the Bristol Health web site. Members of the public also may obtain a free copy of the Billing and Collection Policy by using the contact information set forth below.

Bristol Health will pursue collection of patient balances. Collection procedures will be applied consistently and fairly for all patients. All collection procedures will comply with applicable laws and with Bristol Health's

mission. These collection procedures may include: letters requesting payment, phone calls requesting resolution of the balance, letters indicating the account may be placed with an attorney or collection agency. Bristol Health may also take extraordinary collection actions to pursue legal or judicial processes against a patient/guarantor to collect an outstanding balance. Such extraordinary collection action includes, but is not limited to, garnishing wages, placing liens on property such as primary or secondary residences, bank or investment accounts, or other assets, legal action which may result in a judgment being entered against the patient/guarantor, as selling debt to a third party. Please refer to the Billing and Collection Policy for additional information on steps which Bristol Health may take in the event of nonpayment.

### **MEASURES TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY:**

Bristol Health makes this policy, application form and plain language summary of this policy widely available on its website in English and Spanish. Bristol Health implements additional measures to widely publicize the policy in communities served. Among other things, Bristol Hospital will post a notice of the availability of financial assistance at all registration points and other visible locations throughout the hospital, including the emergency room. Also, a conspicuous notice will be printed on all Bristol Health bills and statements informing patients and families of the availability of financial assistance.

### **HOW TO OBTAIN MORE INFORMATION:**

To learn more about the Bristol Health's financial assistance program, obtain a copy of the Financial Assistance Application, or obtain assistance with the financial assistance process, please contact Bristol Health as follows:

**Website:** <https://www.bristolhealth.org/patients-and-visitors/cost-care-and-financial-assistance>  
**Telephone:** 860-585-3035  
**By Mail:** Bristol Health  
Attn: Financial Representative  
41 Brewster Road, Bristol, CT 06010  
**In Person:** Bristol Hospital, Main Campus, Level A

### **DISCLAIMER:**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with all federal, state and local statutory or regulatory requirements and/or operational standards including but not limited to: EMTALA and §501(r) of the Internal Revenue Code. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Chief Financial Officer.

REFERENCES: Internal Revenue Code 501(c)(3)  
Internal Revenue Code 501(r)  
Conn. Gen. Stat. §19a-673 et seq.

**APPENDIX: A**

Title:

**Financial Assistance Policy**

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**APPENDIX A – AGB**

Bristol Health Affiliate

AGB

Bristol Hospital

45% of gross charges

**APPENDIX: B**

Title:

**Financial Assistance Policy**

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**APPENDIX B – LIST OF PROVIDERS**

The following is a list of providers who deliver emergency or medically necessary care at Bristol Hospital, who are covered by the Financial Assistance Policy:

None.

Any provider who delivers emergency or medically necessary care at Bristol Hospital, but is not specifically listed above, is not covered by the Financial Assistance Policy.

Approved by the BOD 4/29/2026