



*ADMINISTRATIVE POLICY AND PROCEDURE*

<b>SUBJECT:</b> FINANCIAL AID POLICY	<b>NUMBER:</b> JF14.1	
<b>OWNER:</b> OFFICE OF THE PRESIDENT		
<b>EFFECTIVE DATE:</b> 4/86	<b>REVISED DATE:</b> 02/24	<b>SUPERSEDES:</b> 1/18, 4/18, 11/18, 4/19, 4/20, 4/21, 2/22, 2/23
<b>REFERENCE:</b>		

**PURPOSE:**

Montefiore Medical Center (the Medical Center) is guided by a mission to provide high quality care for all of its patients. We are committed to serving all patients, including those in our service area who lack health insurance coverage and who cannot pay for all or part of the essential care they receive at the Medical Center. We are committed to treating all patients with compassion, from the bedside to the billing office, including our payment collection efforts. Furthermore, we are committed to advocating for expanded access to health care coverage for all New Yorkers.

The Medical Center is committed to maintaining financial aid policies that are consistent with its mission and values and that take into account an individual’s ability to pay for medically necessary health care services.

**POLICY GUIDELINES:**

This policy is intended to cover the Medical Center’s guidelines for administering financial assistance to patients requiring emergency and medical necessary care who lack sufficient health insurance coverage or after exhausting all sources of insurance payment. Financial aid is provided to patients with a demonstrated inability to pay, as contrasted to an unwillingness to pay, which is considered bad debt. As required by Federal law, services that are furnished at Federally Qualified Health Center (FQHC) sites to patients are subject to the Bronx Community Health Network (BCHN) and the Community Pediatric Programs sliding fee scale policy (JF15.1). Additionally, In compliance with Ryan White HIV/AIDS Program legislation, persons living with HIV/AIDS with incomes less than or equal to 100% of the federal poverty level will not be charged for services received in the Center for Positive Living/Infectious Disease Clinic”.

This policy covers Montefiore Medical Center- Montefiore Hospital- Moses Division, Children's Hospital at Montefiore, Montefiore Medical Center-Weiler Hospital, Montefiore Medical Center-Wakefield Hospital, and Montefiore Medical Center-Montefiore Westchester Square. Please see Attachment B for other healthcare facilities covered by this policy. If a site is not listed a patient can email the financial aid department at [financialaid@montefiore.org](mailto:financialaid@montefiore.org) or call/visit any of the financial aid offices listed under # 3 below for review and advisement on the location. The policy is reviewed annually.

1. Financial aid shall be available to:

- Uninsured and Underinsured patients residing in the Medical Center's primary service area receiving medically necessary services or emergency care (See Attachment A for Financial Aid Chart and Levels); and
- Patients residing in the Medical Center's primary service area that exhausted their medical benefits for medically necessary or emergent care.
- Except for emergency services, patients must reside within the Medical Center's primary service area for a particular service to be categorically eligible for financial aid. The Medical Center's primary service area is New York State. Patients residing outside of New York State that receive emergency care are eligible for financial assistance.
- Eligibility for financial assistance for non-emergent care for non-residents of New York State will be determined on a case-by-case basis and requires Vice President Approval. If patient is approved to receive financial assistance as an exception they will be screened using same criteria as patients residing in the primary service area (gross income and family size tied to federal poverty level).
- Elective procedures that are not deemed medically necessary (e.g. cosmetic surgery, infertility treatment) are not eligible for financial aid. Patients can obtain a self-pay discount for non-covered services.
- The Financial Aid policy follows EMTALA guidelines.
- This Financial Aid policy also applies to medically necessary non-covered services and non-covered charges for days exceeding a length-of-stay limit for patients either eligible for or covered by Medicaid who otherwise meet the Medical Center's policy criteria.

2. The Medical Center does not place a limit on services based on a patient's medical condition.

3. Financial aid offices where patients can apply for assistance are located at:

- 111 East 210th Street (Pt. Financial Services) 718-920-5658 (Moses Campus)
- 600 East 233rd Street (Pt. Financial Services) 718-920-9660 (Wakefield Campus)
- 1825 Eastchester Road (Pt. Financial Services) 718-904-3551 (Weiler Campus)
- 2475 St. Raymond Avenue (Pt. Financial Services) 718-430-7339 (Westchester Square Campus)

Paper copies of the Financial Aid policy, the Financial Aid summary, and/or the Financial Aid application are available upon request, without charge, by mail or by E-mail. E-mail requests can

be sent to [financialaid@montefiore.org](mailto:financialaid@montefiore.org). They can also be found on the facility's website at <http://www.montefiore.org/financial-aid-policy>.

4. Uninsured and Underinsured patients receiving services at the Medical Center's outpatient clinic locations can apply for financial aid at the time of clinic registration. All patients receiving services throughout Montefiore can visit any one of the financial aid offices above to begin or complete their applications. In EPIC there is a Federal Poverty Level (FPL) table that is completed in lieu of the paper financial aid application. Documentation used for evaluation is scanned in and stored in the Electronic Patient Folder (EPF). The FPL table stores income, family size, effective and termination date, status, and type of documentation that was collected.
5. Determination of eligibility for financial aid will be made as early in the care planning and scheduling process as possible. Counselors will assist any patients who require assistance with completing financial aid applications. Emergency services will never be delayed pending financial determinations. Patients can apply for financial aid prior to services or after receipt of a bill. Patients can also apply for financial aid after a bill has been sent to a collection agency. There is no deadline for when a patient can request to complete a financial aid application.
6. Financial aid approvals will be valid for one year. Patients will be re-evaluated for financial aid annually.
7. Patients or financially responsible parties are expected to cooperate with the Medical Center in applying for available public insurance coverage (e.g. Medicaid, Child Health Plus, and Qualified Health Plans (during open enrollment) if deemed potentially eligible. Financial aid eligibility is not contingent on completing a Medicaid application nor will a decision be delayed pending a Medicaid decision.
8. Gross income tied to published Federal Poverty Level income guidelines adjusted for family size shall be used to determine eligibility for financial aid. Decisions are based on annual income only. Assets are not considered.
9. The Medical Center shall verify current income. Acceptable proof of income is as follows:
  - Unemployment statement
  - Social Security/pension award letter
  - Pay stubs/employment verification letter
  - Letter of support
  - Attestation letter explaining income, support, and/or current financial situation if other proof of income is not available
10. Finance staff will be available to assist with financial aid consultations. Applications for financial aid will be reviewed and decided upon promptly and within 30 business days for non-emergency services. Patients have 30 days to appeal an initial financial aid decision. Patients will receive financial aid decisions via mail, with notification on the bottom of the approval/denial letter explaining how to appeal the decision. Patients are advised to disregard any bill received while an application is in process. Accounts for patients who have completed financial aid applications shall not be sent to collections while applications are in process.
11. Notice of the Medical Center's financial aid policies shall be communicated in to patients, staff and local community service agencies. The Medical Center's financial aid policy shall be available in multiple languages (Spanish, Bengali, Arabic, Albanian, French,

Vietnamese, Russian, and Mandarin) to any party seeking such information at the following locations:

- Admitting offices
- Emergency Room Registration offices
- <http://www.montefiore.org/financial-aid-policy>
- By mail upon request
- By contacting the Call Center at 718-944-3800
- By emailing [financialaid@montefiore.org](mailto:financialaid@montefiore.org)

Availability of Financial Aid is publicized on:

- On all legacy facility billing statements and EPIC consolidated billing office statements
- Signs are posted at entranceways advising patients of the room locations for financial aid
- E-screens on All Associates Computers and Waiting room Televisions
- [www.montefiore.org/financial-aid-policy](http://www.montefiore.org/financial-aid-policy)
- As a Question and Informational packet on Annual Non-Clinical In-service
- Wall signage in the Emergency Department, Admitting Office, Billing and Medicaid offices and other registration and waiting areas

All intake, registration, and collection agency staff are trained on the Medical Center's financial aid policy. An in-service is provided to all areas with instructions on where to send patients who need assistance.

12. Patients may appeal the Medical Center's financial aid decisions if they are denied financial aid or deem a decision to be unfavorable. Patients appealing financial aid decisions must provide proof of current income and expenses. Patients have 30 days to complete appeals applications and will be notified of decisions via mail within 30 days of the submission of appeals applications. Based upon the information provided, patients may be evaluated for further reductions or extended payment plans.
13. Patients are offered payment plans if they are not able to make reduced payments in full. Monthly payments are not to exceed 10% of a patient's monthly income. Extended payment plans are also offered through the appeals process. If a patient makes a deposit, it is included as part of a payment towards his/her financial aid balance. The Medical Center does not charge interest on patient balances.
14. The Medical Center maintains a separate billing and collections policy. It can be found on the Medical Center Website: <http://www.montefiore.org/financial-aid-policy> or a hard copy can be requested by contacting anyone of our financial aid offices listed in #3.
15. Patients will receive a notice 30 days prior to any account being forwarded to a collection agency for failure to request or complete a financial aid application or failure to make payments on a financial assistance balance.
16. **Primary Collection Agency Criteria:**  
Once an account is referred to the Primary Collection agency they will go through their internal process looking for active Medicaid insurance, address and telephone verification, potential charity care eligibility if not already screened, and a return mail process. In addition, credit inquires and estate searches will be done. Upon completion of this process, the following collection efforts will be made:

- At least 1-4 letters sent.
- At least 1-4 telephone calls made.
- Deceased and Bankruptcy patient accounts will be returned for write off.
- Accounts with mail return and no phone number are closed and returned to MMC for referral to secondary collection agency.
- Accounts with no activity will be closed and returned 180 days from referral date for referral to secondary collection agency.
- International patient accounts returned by International Collection agency will be adjusted as bad debt once international agency closed out. International patient accounts will not be referred to secondary agency.

**Secondary Collection Agency Criteria:**

Once an account is referred to the Secondary Collection agency they will go through their internal processes looking for active insurance, address and telephone verification and a return mail process. In addition, credit inquires and estate searches will be done. Upon completion of this process, the following collection efforts will be made:

- At Least 1-4 letters sent.
- At least 1-4 telephone calls made.
- Deceased and Bankruptcy patient accounts will be returned for write-off.
- Accounts with mail return and no phone number are closed and returned to MMC for write-off.
- Accounts 180 days from referral date are to be closed and returned to MMC for write-off unless patient is actively paying on an account or agency is pursuing an estate for payment.

Both primary and secondary agencies are able to negotiate settlements on outstanding patient liability.

17. The Medical Center prohibits collections against any patient who is eligible for Medicaid at the time services rendered.
18. All collection agencies affiliated with the Medical Center have a copy of the Medical Center's financial aid policy and will refer any patient needing assistance back to the Medical Center for evaluation and reduction of a bill based on annual income and family size.
19. The Financial Aid Office measures compliance with its policy by sending out its own "silent shoppers" to the intake and registration areas to ensure that signage and summaries are posted and available and that Associates are aware that the Medical Center offers financial aid.
20. Full financial aid will be granted to patients with outstanding self-pay bills and current Medicaid coverage.
21. Full Financial Aid will be granted to patients who are homeless. Ambulance Reports can be a source of reference if it is documented in the report that the patient is undomiciled.

22. Full Financial Aid will be granted to uninsured and underinsured minors receiving care in the Medical Center's school health clinics.
23. Immigration status is not a criterion used to determine eligibility.
24. The Medical Center uses predictive analysis to assist in charity care determinations in the absence of completed financial aid applications. Such findings will not deem patients ineligible for financial assistance. If a patient completes a financial aid application with documentation demonstrating that his/her income is lower than the category determined using predictive analysis, the patient's financial responsibility will be further reduced to the lower amount. For sites live on EPIC, Experian is utilized. Experian Healthcare Financial Assistance Screening/Presumptive Charity uses financial information that is contained in a patient's credit report and other patient specific attributes to estimate their income level and where they are in relation to the Federal Poverty Level to qualify for a hospital's charity care program. Inquiries through Experian Healthcare's Financial Assistance Screening are soft inquiries that can only be seen by the consumer and do not affect credit score. If consumer has any questions or concerns regarding the inquiry, they can contact Experian Healthcare Customer Care at (763) 416-1030. For sites billed out via American Healthcare/EGLU (legacy system) Transunion is utilized. If consumer has questions or concerns regarding the inquiry, they can contact Transunion Customer Care Credit line at (800)-916-8800.
25. The Medical Center's billing statements will advise patients if they have received a financial aid or self-pay discount.
26. The Medical Center does not use extraordinary collection measures. The extraordinary collection measures we do not use include:
  - Garnishing of wages
  - Reporting to credit agencies
  - Sale of debt
27. Patients with any complaints about the Medical Center's financial aid policy or process may call the New York State Department of Health Complaint Hotline at 1-800-804-5447. This information is also included on denial letters.
28. Uninsured and Underinsured individuals at or below 100% of FPL who are approved for financial aid, patient financial responsibility will be limited to the nominal payment amounts listed below for the following services (See Attachment A for rates):
  - Inpatient – \$150/discharge
  - Ambulatory Surgery – \$150/procedure
  - Adult Emergency Room and Clinic Services – \$15/visit
  - Prenatal and Pediatric Emergency Room and Clinic Services – no charge
29. For uninsured and underinsured individuals at or below 300% of FPL who are approved for financial aid, patient financial responsibility will be based on a sliding fee scale capped at the amounts that would have been paid for the same services by Medicare and Commercial payers (See Attachment A for rates).
30. The Medical Center's financial aid policy also extends to uninsured and underinsured individuals between 300% and 500% of FPL who are approved for financial aid (See Attachment A for rates).

31. Uninsured and Underinsured individuals above 500% of FPL residing in the Medical Center's primary service area who receive medically necessary or emergency care are eligible for a courtesy discount (See Attachment A for rates).
32. In circumstances where supporting documentation could not be substantiated and/or an Experian check is returned with no information, charges will still be reduced to highest category as a courtesy discount or 65% of charges, whichever is less.
33. The Medical Center utilizes the look back method to calculate the amount generally billed. Medicare and commercial payer rates are used in the AGB calculation. The financial aid rates and Amount Generally Billed are to be evaluated by April 30<sup>th</sup> of every calendar year. The Amounts Generally Billed (AGB) percentage is available upon request at any of the financial aid locations or by emailing [financialaid@montefiore.org](mailto:financialaid@montefiore.org). Following a determination of Financial Assistance eligibility, an FAP-eligible individual cannot be charged more than the amount generally billed for emergency or medically necessary care.
34. A comparison of the AGB % to the financial aid category rate is completed for patients that fall at or below 100% of FPL up to 500% of FPL. Capped amount for Hospital Services in Attachment A are as follows (up to 500% of FPL):
  - ED visit rate is not to exceed 15% of hospital charges incurred.
  - Ambulatory surgery rate is not to exceed 20% of hospital charges incurred.
  - Medical Oncology Treatment rate is not to exceed 20% of hospital charges incurred.
  - Clinic Visit/Pathology/Renal/Radiology Test /Radiation Treatment rates are not to exceed 20% of hospital charges incurred.
  - Emergency Inpatient Admission rate is not to exceed 24% of hospital charges incurred.
35. The following community center which is located near our facility has partnered with us to educate families on the Medical Center's financial aid policy and application process.
  - MMCC Mosholu Montefiore Community Center (Moses Campus)  
3450 DeKalb Avenue, Bronx NY 10467  
Telephone number: (718) 882-4000
36. The provider list (which is a list of providers (other than the hospitals) that provide emergency and medically necessary care in the hospital facilities. The list shows whether the providers are covered by the financial aid policy or not.) is kept as a separate appendix and is updated quarterly. Patients can find a copy on the financial aid website at: <http://www.montefiore.org/financial-aid-policy> or can request a hard copy by visiting or calling one of the following financial aid offices free of charge:
  - 111 East 210<sup>th</sup> Street (Pt. Financial Services) 718-920-5658 (Moses Campus )
  - 600 East 233<sup>rd</sup> Street Pt. Financial Services ( ) 718-920-9660 (Wakefield Campus )
  - 1825 Eastchester Road (Pt. Financial Services) 718-904-3551 (Weiler Campus )
  - 2475 St. Raymond Avenue (Pt. Financial Services ) 718-430-7339 (Westchester Square Campus

Any exceptions to the limits above shall be made on a case-by-case basis and require the approval of the Associate Vice President, Health Service Receivables; Vice President, Professional Services; or Vice President, Finance. In implementing this policy, the Medical Center’s management and facilities shall comply with all other Federal, State, and local laws, rules, and regulations that may apply to activities conducted pursuant to this.

### Attachment A: Financial Aid Chart and Levels

2024	Gross Income Categories (Upper Limits)										
Federal Poverty Level	1	2	3	4	5	6	7	8	9	10	11
Family Size	100%	125%	150%	175%	185%	200%	250%	300%	400%	500%	over 500%
1	\$15,060	\$18,825	\$22,590	\$26,355	\$27,861	\$30,120	\$37,650	\$45,180	\$60,240	\$75,300	
2	\$20,440	\$25,550	\$30,660	\$35,770	\$37,814	\$40,880	\$51,100	\$61,320	\$81,760	\$102,200	
3	\$25,820	\$32,275	\$38,730	\$45,185	\$47,767	\$51,640	\$64,550	\$77,460	\$103,280	\$129,100	
4	\$31,200	\$39,000	\$46,800	\$54,600	\$57,720	\$62,400	\$78,000	\$93,600	\$124,800	\$156,000	
5	\$36,580	\$45,725	\$54,870	\$64,015	\$67,673	\$73,160	\$91,450	\$109,740	\$146,320	\$182,900	
6	\$41,960	\$52,450	\$62,940	\$73,430	\$77,626	\$83,920	\$104,900	\$125,880	\$167,840	\$209,800	
7	\$47,340	\$59,175	\$71,010	\$82,845	\$87,579	\$94,680	\$118,350	\$142,020	\$189,360	\$236,700	
8	\$52,720	\$65,900	\$79,080	\$92,260	\$97,532	\$105,440	\$131,800	\$158,160	\$210,880	\$263,600	
For each additional person Add.	\$5,380	\$6,725	\$8,070	\$9,415	\$9,953	\$10,760	\$13,450	\$16,140	\$21,520	\$26,900	



# Consolidated Professional and Hospital Financial Assistance Rates

## Key Highlights:

- The fees are designated by FPL% level and service. The schedule shows fees for Professional (PB), Hospital (HB) and Combined (PB + HB).
- Fees specific to Federally Qualified Health Center Sites are provided below. These fees apply to all services offered in FQHCs (e.g., all visit types, labs and imaging orders). These rates do not apply outside of the FQHC, e.g., Inpatient, Ambulatory Surgery; PET scan and the Headache Center. For a list of FQHC sites, scroll to the end of the document.
- For those sites that are PB only (i.e., non PBB), the combined fee for services rendered must be applied.
- Level 10 or >500% is considered to be a 'Courtesy Discount.' For PB, the fee will be 61% of billed amount instead of a flat rate. As a result, a patient may receive an additional bill.
- For Inpatient visits, the rate cited in the table covers the cost of the entire patient stay. The PB amount will be allocated across PB accounts based on a % of total charges methodology.
- **Federally Qualified Health Centers are:** Comprehensive Family Care Center, Comprehensive Health Care Center, Family Health Center, Williams bridge Family Practice, Castle Hill Family Practice, West Farms Family Practice, University Ave Family Practice, Via Verde Family Practice, Marble Hill Family Practice, South Bronx Health Center, Center for Child Resiliency and NY Child Health Project.
- For the hospital rates for up to 500% of FPL there is a comparison to the Amount Generally Billed and the patient is responsible for the lesser of the two.

**The Financial Aid rates below are for Federally Qualified Health Center Sites:**

		Federally Qualified Health Center Sites (FQHC's)		
Pricing Levels	% FPL	PB Visit	HB Visit	Combined Visit
1	100%	\$0	\$0	\$ 0
2	125%	\$0	\$20	\$ 20
3	150%	\$0	\$30	\$ 30
4	175%	\$0	\$40	\$ 40
5	185%	\$0	\$50	\$50
6	200%	\$0	\$60	\$60
7	250%	\$0	\$90	\$90
8	300%	\$0	\$90	\$90
9	500%	\$0	\$90	\$90
10	>500%	\$0	\$90	\$90

**The Financial Rates below for New and Established Visit apply to Non-Federally Qualified Health Center Sites:** (These rates are also used for Pathology (Lab Services) and Renal.

		New Patient Visit (NPV)		
Pricing Levels	% FPL	PB NPV	*HB NPV	(PB Only Sites) Combined NPV
1	100%	\$0	\$15 Adults /\$0 for pre-natal or pediatrics	\$15 Adults /\$0 for pre-natal or pediatrics \$15
2	125%	\$0	\$20	\$20
3	150%	\$0	\$30	\$30
4	175%	\$0	\$45	\$45
5	185%	\$0	\$75	\$75
6	200%	\$25	\$105	\$130
7	250%	\$25	\$120	\$145
8	300%	\$25	\$150	\$175
9	500%	\$50	\$200	\$250
10	>500%	61% of Billed	\$350	= PB rate + HB rate

		<b>Established Patient Visit (EPV)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB EPV</b>	<b>*HB EPV</b>	<b>(PB Only Sites) Combined EPV</b>
1	100%	\$0	\$15 Adults /\$0 for pre-natal or pediatrics	\$15 Adults /\$0 for pre-natal or pediatrics
2	125%	\$0	\$20	\$20
3	150%	\$0	\$30	\$30
4	175%	\$0	\$45	\$45
5	185%	\$0	\$75	\$75
6	200%	\$ 15	\$105	\$120
7	250%	\$ 15	\$120	\$135
8	300%	\$ 15	\$150	\$165
9	500%	\$ 25	\$200	\$225
10	>500%	61% of Billed	\$350	= PB rate + HB rate

		<b>Emergency Department (ED)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB ED</b>	<b>*HB ED</b>	<b>Combined ED</b>
1	100%	\$0	\$15 Adults /\$0 for pre-natal or pediatrics \$0	\$15 Adults /\$0 for pre-natal or pediatrics
2	125%	\$ 10	\$35	\$45
3	150%	\$20	\$45	\$65
4	175%	\$30	\$65	\$95
5	185%	\$40	\$110	\$150
6	200%	\$50	\$155	\$205
7	250%	\$70	\$180	\$250
8	300%	\$100	\$225	\$325
9	500%	\$150	\$700	\$850
10	>500%	61% of Billed	\$1500	= PB rate + HB rate

		Emergency Inpatient Admission		
Pricing Levels	% FPL	PB Inpt	HB Inpt	Combined Inpt
1	100%	\$75	\$150	\$225
2	125%	\$ 150	\$ 300	\$450
3	150%	\$250	\$500	\$750
4	175%	5% of Billed	\$5,000	= PB rate + HB rate
5	185%	9% of Billed	\$8,500	= PB rate + HB rate
6	200%	12% of Billed	\$12,000	= PB rate + HB rate
7	250%	14% of Billed	\$13,500	= PB rate + HB rate
8	300%	17% of Billed	\$17,000	= PB rate + HB rate
9	500%	51% of Billed	\$20,000	= PB rate + HB rate
10	>500%	61% of Billed	\$49,000	= PB rate + HB rate

		Medically Necessary Ambulatory Surgery (Amb)		
Pricing Levels	% FPL	*PB Amb	**HB Amb	Combined Amb
1	100%	\$50	\$150	\$200
2	125%	\$75	\$300	\$375
3	150%	\$100	\$400	\$500
4	175%	\$150	\$600	\$750
5	185%	\$250	\$1,000	\$1,250
6	200%	\$350	\$ 1,400	\$1,750
7	250%	\$400	\$1,600	\$2,000
8	300%	\$500	\$2,000	\$2,500
9	500%	\$900	\$3,500	\$4,400
10	>500%	61% of Billed	\$5,000	= PB rate + HB rate

***\*Anesthesia Pricing Included***

***\*\*Per procedure rate***

		<b>Gastrointestinal (GI) Procedures</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB GI</b>	<b>*HB GI</b>	<b>Combined GI</b>
1	100%	\$0	\$100	\$100
2	125%	\$70	\$150	\$220
3	150%	\$100	\$200	\$300
4	175%	\$150	\$300	\$450
5	185%	\$200	\$500	\$700
6	200%	\$250	\$700	\$950
7	250%	\$300	\$800	\$1,100
8	300%	\$350	\$1,000	\$1,350
9	500%	\$400	\$1,800	\$2,200
10	>500%	61% of Billed	\$2,500	= PB rate + HB rate

*\*Per procedure rate*

		<b>Medical Oncology Infusions (Inf)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Inf</b>	<b>HB Inf</b>	<b>Combined Inf</b>
1	100%	\$0	\$150	\$150
2	125%	\$0	\$225	\$225
3	150%	\$0	\$300	\$300
4	175%	\$0	\$450	\$450
5	185%	\$0	\$750	\$750
6	200%	\$0	\$1,050	\$1,050
7	250%	\$0	\$1,200	\$1,200
8	300%	\$0	\$1,500	\$1,500
9	500%	\$0	\$1,600	\$1,600
10	>500%	\$0	\$4,700	\$4,700

		<b>Radiation Oncology (Rad Onc)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Rad Onc</b>	<b>HB Rad Onc</b>	<b>Combined Rad Onc</b>
1	100%	\$0	\$60	\$60
2	125%	\$0	\$90	\$90
3	150%	\$0	\$120	\$120
4	175%	\$0	\$180	\$180
5	185%	\$0	\$300	\$300
6	200%	\$0	\$420	\$420
7	250%	\$0	\$480	\$480
8	300%	\$0	\$600	\$600
9	500%	\$0	\$680	\$680
10	>500%	\$0	\$2,800	\$2,800

		<b>Radiology Xray (Rad Xray)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Rad Xray</b>	<b>HB Rad Xray</b>	<b>Combined Rad Xray</b>
1	100%	\$0	\$15	\$15
2	125%	\$10	\$15	\$25
3	150%	\$10	\$15	\$25
4	175%	\$10	\$15	\$25
5	185%	\$10	\$15	\$25
6	200%	\$10	\$15	\$25
7	250%	\$10	\$15	\$25
8	300%	\$10	\$15	\$25
9	500%	\$40	\$50	\$90
10	>500%	61% of Billed	100% of Blue Cross Indemnity Rate	= PB rate + HB rate

		<b>Radiology Ultrasound (Rad US)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Rad US</b>	<b>HB Rad US</b>	<b>Combined Rad US</b>
1	100%	\$0	\$15	\$15
2	125%	\$15	\$20	\$35
3	150%	\$20	\$25	\$45
4	175%	\$25	\$30	\$55
5	185%	\$30	\$35	\$65
6	200%	\$35	\$40	\$75
7	250%	\$40	\$45	\$85
8	300%	\$45	\$50	\$95
9	500%	\$50	\$100	\$150
10	>500%	61% of Billed	100% of Blue Cross Indemnity Rate	= PB rate + HB rate

		<b>Radiology Mammography (Rad Mam)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Rad Mam</b>	<b>HB Rad Mam</b>	<b>Combined Rad Mam</b>
1	100%	\$0	\$25	\$25
2	125%	\$20	\$30	\$50
3	150%	\$25	\$35	\$60
4	175%	\$30	\$40	\$70
5	185%	\$35	\$50	\$85
6	200%	\$40	\$60	\$100
7	250%	\$50	\$70	\$120
8	300%	\$60	\$90	\$150
9	500%	\$70	\$130	\$200
10	>500%	61% of Billed	100% of Blue Cross Indemnity Rate	= PB rate + HB rate

<b>Radiology Computed Tomography (Rad CT)</b>				
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Rad CT</b>	<b>HB Rad CT</b>	<b>Combined Rad CT</b>
1	100%	\$0	\$40	\$40
2	125%	\$20	\$45	\$65
3	150%	\$30	\$50	\$80
4	175%	\$40	\$60	\$100
5	185%	\$50	\$75	\$125
6	200%	\$60	\$90	\$150
7	250%	\$80	\$105	\$185
8	300%	\$100	\$130	\$230
9	500%	\$125	\$250	\$375
10	>500%	61% of Billed	100% of Blue Cross Indemnity Rate	= PB rate + HB rate

<b>Radiology Magnetic Resonance Imaging (Rad MRI)</b>				
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB Rad MRI</b>	<b>HB Rad MRI</b>	<b>Combined Rad CT</b>
1	100%	\$0	\$150	\$150
2	125%	\$25	\$175	\$200
3	150%	\$35	\$200	\$235
4	175%	\$45	\$250	\$295
5	185%	\$50	\$300	\$350
6	200%	\$65	\$350	\$415
7	250%	\$80	\$400	\$480
8	300%	\$100	\$500	\$600
9	500%	\$150	\$550	\$700
10	>500%	61% of Billed	100% of Blue Cross Indemnity Rate	= PB rate + HB rate



<b>Pricing Levels</b>	<b>% FPL</b>	<b>PET Scan (Global)</b>
1	100%	\$150
2	125%	\$400
3	150%	\$600
4	175%	\$800
5	185%	\$1,000
6	200%	\$1,200
7	250%	\$1,400
8	300%	\$1,600
9	500%	\$2,000
10	>500%	61% of Billed

		<b>Headache Center Infusion</b>
<b>Pricing Levels</b>	<b>% FPL</b>	<b>Nerve Block (Global)</b>
1	100%	\$50
2	125%	\$100
3	150%	\$125
4	175%	\$150
5	185%	\$200
6	200%	\$250
7	250%	\$300
8	300%	\$350
9	500%	\$400
10	>500%	61% of Billed

		<b>Headache Center Infusion</b>
<b>Pricing Levels</b>	<b>% FPL</b>	<b>Botox (Global)</b>
1	100%	\$450
2	125%	\$900
3	150%	\$1,100
4	175%	\$1,300
5	185%	\$1,500
6	200%	\$1,750
7	250%	\$2,000
8	300%	\$2,250
9	500%	\$2,500
10	>500%	61% of Billed

		<b>Center for Positive Living/Infectious Disease Clinic New Patient Visit (NPV)</b>		
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB NPV</b>	<b>*HB NPV</b>	<b>(PB Only Sites) Combined NPV</b>
1	100%	\$0	\$0	\$0
2	125%	\$0	\$20	\$20
3	150%	\$0	\$30	\$30
4	175%	\$0	\$45	\$45
5	185%	\$0	\$75	\$75
6	200%	\$25	\$105	\$130
7	250%	\$25	\$120	\$145
8	300%	\$25	\$150	\$175
9	500%	\$50	\$200	\$250
10	>500%	61% of Billed	\$350	= PB rate + HB rate

<b>Center for Positive Living/Infectious Disease Clinic Established Patient Visit (EPV)</b>				
<b>Pricing Levels</b>	<b>% FPL</b>	<b>PB EPV</b>	<b>*HB EPV</b>	<b>(PB Only Sites) Combined EPV</b>
1	100%	\$0	\$0	\$0
2	125%	\$0	\$20	\$20
3	150%	\$0	\$30	\$30
4	175%	\$0	\$45	\$45
5	185%	\$0	\$75	\$75
6	200%	\$ 15	\$105	\$120
7	250%	\$ 15	\$120	\$135
8	300%	\$ 15	\$150	\$165
9	500%	\$ 25	\$200	\$225
10	>500%	61% of Billed	\$350	= PB rate + HB rate

**Notes:**

All Hospital Balance (HB) amounts above include the New York State surcharge.

All unfavorable decisions or denied applications can be appealed within 30 days of decision.

**Attachment B: Other Healthcare Facilities Covered Under this Financial Aid Policy**

**SITE NAME**

Montefiore Medical Group 4 - Family Care Center
Montefiore Medical Group - Williamsbridge
Montefiore Medical Group - White Plains Road
Montefiore Medical Group - West Farms Family Practice
Montefiore Medical Group - Via Verde
Montefiore Medical Group - University Avenue Family Practice
Montefiore Medical Group - Riverdale
Montefiore Medical Group - Marble Hill Family Practice

Montefiore Medical Group - Greene Medical Arts Pavilion
Montefiore Medical Group - Family Health Center
Montefiore Medical Group - Eastchester
Montefiore Medical Group - Co-op City Office
Montefiore Medical Group - Comprehensive Health Care Center
Montefiore Medical Group - Comprehensive Family Care Center
Montefiore Medical Group - Castle Hill Family Practice
Montefiore Medical Group - Burke Avenue
Montefiore Medical Group - Astor Avenue Pediatrics
Montefiore Medical Center (MMC)- Orthopedic Surgery Practice
MMC Neurosurgery Practice and Interventional Radiology
MMC Neurology Practice
MMC GI Practice
MMC East Tremont Family Practice
MMC Advanced Imaging
Larchmont Women's Center
Jennie A. Clark Residence - Women in Need
Icahn House Family Shelter
Help Bronx Crotona
Greene Medical Arts Pavilion
Grand Concourse Women's Center
Grand Concourse
East Tremont Family Medical
Diagnostic and Treatment Center (Family Care Center)
Cross County
Co-Op City
Cardiovascular Associates of Westchester
Bronx East
Bronx Cardiac
Centennial Women's Center
Women's Medical Associates
Women's Health at Wakefield Hospital
Women in Need - Suzanne's Place
Williamsbridge Cardiology
Westchester Heart Specialist
Wakefield Campus of the Department of Orthopedic Surgery
Wakefield Campus of the Department of Ophthalmology and Visual Sciences
Wakefield Ambulatory Care Center
Scarsdale Women's Center
Saratoga Interfaith Family Shelter
Saint John's Family Shelter

Riverdale Women's Center
Ridge Hill Cardiology
Obs/Gyn at Woodlawn (Van Cortlandt)
New Day Domestic Violence Shelter
Montefiore Wakefield Child Psych Clinic
Montefiore School Health Program - William Howard Taft Campus
Montefiore School Health Program - Walton Campus
Montefiore School Health Program - Theodore Roosevelt Campus
Montefiore School Health Program - Stevenson Campus
Montefiore School Health Program - South Bronx Campus
Montefiore School Health Program - P.S./M.S. 95
Montefiore School Health Program - P.S. 85
Montefiore School Health Program - P.S. 8
Montefiore School Health Program - P.S. 64
Montefiore School Health Program - P.S. 55
Montefiore School Health Program - P.S. 28
Montefiore School Health Program - P.S. 105
Montefiore School Health Program - New Settlement Community Campus
Montefiore School Health Program - Mott Haven H.S. Campus
Montefiore School Health Program - Morris Campus
Montefiore School Health Program - M.S. 45
Montefiore School Health Program - M.S. 142 John Philip Sousa
Montefiore School Health Program - I.S. 217 - Entrada Academy and Charter School
Montefiore School Health Program - Herbert H. Lehman Campus
Montefiore School Health Program - Evander Childs Campus
Montefiore School Health Program - DeWitt Clinton High School
Montefiore School Health Program - Christopher Columbus Campus
Montefiore School Health Program - Bronx Regional High School
Montefiore School Health Program – IS 174
Montefiore School Health Program – PS 18
Montefiore School Health Program – MS 113
Montefiore School Health Program – MS 145
Montefiore School Health Program – PS 198
Montefiore School Health Program – PS 199
Montefiore School Health Program – PS 147
Montefiore School Health Program – JHS 151/ Ki pp Academy HS
Montefiore School Health Program – IS 98/ Bronx Envision High School
Montefiore Moses Child/Adolescent Clinic
Montefiore Moses Adult/Child Outpatient
Montefiore Medical Park

Montefiore Medical Center - Wakefield Cardiovascular Center
Montefiore Medical Center - Substance Abuse Treatment Program Unit 3
Montefiore Medical Center - Substance Abuse Treatment Program Unit 1
Montefiore Medical Center - STD Initiative
Montefiore Medical Center - South Bronx Health Center for Children and Families
Montefiore Medical Center - Safe House For Lead Poisoning Prevention Program
Montefiore Medical Center - New York Children's Health Project
Montefiore Medical Center - Montefiore Wakefield Chemical Dependency Outpatient Program
Montefiore Medical Center - Montefiore Medical Park Outpatient Rehabilitation Services
Montefiore Medical Center - Montefiore Medical Park Orthodontic Center
Montefiore Medical Center - Montefiore Einstein Center for Cancer Care
Montefiore Medical Center - Montefiore Cardiology
Montefiore Medical Center - Montefiore Advanced Imaging Montefiore Medical Park
Montefiore Medical Center - Montefiore Advanced Imaging Medical Arts Pavilion
Montefiore Medical Center - J.E. and Z.B. Butler Child Advocacy Center
Montefiore Medical Center - Center for Radiation Therapy
Montefiore Medical Center - Center for Child Health and Resiliency
Montefiore Hutchinson Campus
Montefiore Behavioral Health Center at Westchester Square
Montefiore Behavioral Health Center
Montefiore Medical Center - Montefiore Wakefield Mental Health Center
Montefiore Medical Group-Eastchester
Montefiore Medical Group-Cross County
Rose F. Kennedy (RFK) Children's Evaluation & Rehabilitation Center (CERC): 358 St. Marks Place, Staten Island, NY 10301
Rose F. Kennedy (RFK) Children's Evaluation & Rehabilitation Center (CERC): 1225 Morris Park Avenue, Bronx, NY 10461
Rose F. Kennedy (RFK) Children's Evaluation & Rehabilitation Center (CERC): 1165 Rockaway Avenue, Brooklyn, NY 11236
Rose F. Kennedy (RFK) Children's Evaluation & Rehabilitation Center (CERC): 161-10 Jamaica Avenue, Queens, NY 11432
Wellness Center at Waters Place
Wellness Center at Port Morris
Wellness Center at Melrose

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Colleen Blye

Executive Vice President, CFO