

**Receive in-person assistance completing your application by going to one of the following locations:**

Dartmouth-Hitchcock Medical Center  
One Medical Center Drive  
Lebanon, NH 03756

Dartmouth-Hitchcock Concord  
253 Pleasant Street  
Concord, NH 03301

Dartmouth-Hitchcock Manchester  
100 Hitchcock Way  
Manchester, NH 03104

Dartmouth-Hitchcock Nashua  
2300 Southwood Drive  
Nashua, NH 03063

Cheshire Medical Center  
580 Court Street  
Keene, NH 03431

Alice Peck Day Memorial Hospital  
10 Alice Peck Day Drive  
Lebanon, NH 03766

**Call one of our Patient Advocates at:**  
(844) 647-6436.

**Please send completed applications to:**

Dartmouth-Hitchcock  
Attn: PFS - Level 3 – FAA  
One Medical Center Drive  
Lebanon, NH 03756-0001

Cheshire Medical Center  
Attn: PFS – FAA  
580 Court Street  
Keene, NH 03431

Alice Peck Day Memorial Hospital  
Attn: PFS  
10 Alice Peck Day Drive  
Lebanon, NH 03766

# Financial Assistance Policy



201904-000

# Do you need assistance to pay your bill for emergency or medically necessary care at Dartmouth-Hitchcock, Cheshire Medical Center or Alice Peck Day Hospital?

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## **You may be eligible for financial assistance.**

Dartmouth-Hitchcock, Cheshire Medical Center and Alice Peck Day hospital offer free or discounted charity care for emergency or other medically necessary services provided to patients who qualify. Patients who are determined eligible for financial assistance may not be charged more for emergency or other medically necessary care than amounts generally billed to patients covered by insurance for the same care.

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## **D-HH's Financial Policy**

Dartmouth-Hitchcock, Cheshire Medical Center and Alice Peck Day Hospital provide care for emergency medical conditions and medically necessary services to individuals regardless of their ability to pay, eligibility for financial or government assistance, age, gender, race, immigration status, sexual orientation, or religious affiliation. We provide financial assistance to persons who (i) are residents of New Hampshire or Vermont, or non-residents who experience a medical emergency while in the area; do not have insurance or who have health insurance but need financial assistance to help cover out of pocket medical expenses such as deductibles, co-pays and co-insurance; are ineligible for any government health care benefit program; and meet financial eligibility criteria as described in our Financial Assistance Policy. Local conditions or exclusions may apply as further described in our Financial Assistance Policy. Patients are expected to cooperate with the procedures for obtaining financial assistance or accessing other sources of payment, and to contribute to the cost of their care based on their ability to pay. Individuals who can purchase health insurance are expected to do so, to ensure access to healthcare services that benefit their overall health as well as provide protection for their personal assets.

## **How and when to apply for financial assistance?**

You can apply at any point during your care or the subsequent collections cycle. However, we strongly encourage applications to be completed prior to appointments. Patient Advocates can assist you in identifying and applying for insurance coverage or other resources and with completing an application for financial assistance. If you have a remaining balance after exhausting all other coverage options, you may be eligible for financial assistance. An application can be requested in person, over the telephone, or obtained via the web link below.

## **Discounted rate**

If you do not qualify for financial assistance, you may still be eligible for the uninsured discount or other discounts according to our Policy. This uninsured discount is applied prior to billing the patient and prior to applying any financial assistance adjustments. The discount is based on the "prospective Medicare" method as described under applicable regulations implementing Section 501(r) of the Internal Revenue Code. Discount rates may vary by facility.

## **How is financial assistance determined?**

The amount of financial assistance you receive is based upon your total gross income and assets compared to the federal poverty guidelines. You may qualify: If your family income is at or below 300% of the Federal Poverty Limit; issued by the U.S. Department of Health and Human Services (HHS) and updated on a yearly basis; or if you believe that your assets, liquid assets and other available resources are not enough to cover the cost of your care. In addition to your completed application, we may require documents verifying your income, assets and medical expenses to determine whether you qualify for assistance. You will be notified within 30 days of receipt of your application and all supporting information whether your request has been accepted or denied under our policy. At your request, a financial application form or a copy of the Financial Assistance Policy will be mailed to you at no charge. Also, these documents and this summary are available on our website at [dartmouth-hitchcock.org/billing-charges/financial\\_assistance.html](http://dartmouth-hitchcock.org/billing-charges/financial_assistance.html) or [cheshire-med.com/patients\\_visitors/financial\\_assistance.html](http://cheshire-med.com/patients_visitors/financial_assistance.html).

These documents are also available in the following languages: Spanish, French, Portuguese, Chinese, Greek, Vietnamese, Nepalese, Arabic and Russian.