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

Dartmouth-Hitchcock Medical Center
Patient Financial Services/Main Mall
One Medical Center Drive
Lebanon, NH 03756

Dartmouth-Hitchcock Concord
Financial Counselor/Level 1
253 Pleasant Street
Concord, NH 03301

Dartmouth-Hitchcock Manchester
Financial Counselors/East & West Level 1
100 Hitchcock Way
Manchester, NH 03104

Dartmouth-Hitchcock Nashua
Financial Counselor/Level 1
2300 Southwood Drive
Nashua, NH 03063

Alice Peck Day Memorial Hospital
Registration/Financial Counselor
10 Alice Peck Day Drive
Lebanon, NH 03766

Cheshire Medical Center
Registration/Cashiers Main Lobby
580 Court Street
Keene, NH 03431

New London Hospital
Financial Counselors/Reception
273 County Road
New London, NH 03257

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

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

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

New London Hospital
Attn: Financial Counselor
273 County Road
New London, NH 03257
Do you need assistance to pay your bill for emergency or medically necessary care at Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, Cheshire Medical Center or New London Hospital?

You may be eligible for financial assistance.
Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, Cheshire Medical Center and New London 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.

D-HH’s Financial Policy
Dartmouth-Hitchcock, Alice Peck Day Memorial Hospital, Cheshire Medical Center and New London 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. These documents and this summary are available on our website at dartmouth-hitchcock.org/billing-charges/financial_assistance.html or 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.