

## Financial Assistance Policy – Plain Language Summary

The MVHS, Inc. Financial Assistance Policy (FAP) is offered to eligible patients and guarantors who are in need of assistance with paying for emergency and medically necessary healthcare services. Patients and guarantors who are uninsured or underinsured can apply for the program, which is summarized below.

**Eligible Services** – Emergency and/or medically necessary healthcare services provided by MVHS, Inc., including the Wynn Hospital and the MVHS Medical Group locations.

**Eligible Patients** – Patients receiving eligible healthcare services, who submit a Financial Assistance application, along with all required documentation, and are determined to be eligible for Financial Assistance according to MVHS guidelines.

**How to Apply** – Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at the Wynn Hospital's admissions desk or at financial counselor's office.
- Request to have an application mailed to you by calling the MVHS Business Office at (315) 368-0099.
- Download an application through the MVHS website: [www.mvhealthsystem.org/billing](http://www.mvhealthsystem.org/billing).

Once application is completed, please submit with all pertinent documentation to Wynn Hospital, Attn: Business Office/Patient Accounts, 111 Hospital Dr, Utica, NY 13502. Application and documents can also be faxed to (315) 801-8746 or emailed to [CustomerService@mvhealthsystem.org](mailto:CustomerService@mvhealthsystem.org).

**Determination of Financial Assistance Eligibility** – Generally, patients are eligible for financial assistance based upon their household size and household income. Patients with family income of 250% of the federal poverty guidelines (<http://aspe.hhs.gov/poverty/index.cfm>) or less may be eligible for a discount of 100%. Patients with family income between 251% and 350% of the federal poverty guidelines typically fall into a cost share on Tier 2. Patients with family income between 351% and 400% of the guidelines will usually fall into a cost share on Tier 3. Please see Schedule A of the Financial Assistance Policy at [www.mvhealthsystem.org/billing](http://www.mvhealthsystem.org/billing) for more information.

Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) to patients who have insurance. The AGB is determined based on our highest volume payer's contracted rate.

This summary, the Financial Assistance Policy, and Financial Assistance application are available upon request, and in multiple languages including English, Spanish, Burmese, Karen, Russian, and Bosnian at the locations listed above.