

What if I do not meet the income limits?

If you cannot pay your bill, UR Medicine offers a payment plan to those patients who request that method of payment. Payment plans are extended to all patients who are unable to pay for their hospital bills within the normal established time periods.

Can someone explain the discount?

Can someone help me apply?

Yes, free, confidential help is available. Call the Financial Assistance Department at (585) 784-8889. If you do not speak English, someone will help you in your preferred language. Our Financial Case Managers can tell you if you may qualify for free or low-cost insurance, such as Medicaid, Child Health Plus, or eligible to purchase coverage through the New York Healthplan Marketplace. If the Financial Case Manager finds that you may not qualify for low-cost insurance, they will help you apply for a discount through the Hospital's Financial Assistance program. The Counselor will help you fill out all the forms and tell you what documents you may need to supply. To see a Financial Case Manager you may go to the Care Management Office Room Med 1-2315.

What do I need to apply for a discount?

Materials needed to apply for a discount are: copies of wage/income statements (pay stubs) for the past 90 days; Social Security Income, other documentation that explains current household gross income, copies of insurance/Medicaid denial notices (if available). If you can not provide any of these, you may still apply for our financial assistance program.

What services are covered?

All medically necessary services provided in Strong Memorial Hospital, Highland Hospital, or the UR Medicine Healthcare Professionals are covered by the discount. This includes outpatient services, emergency care, and inpatient admissions. Charges from private doctors who provide services in the hospital may not be covered. You should talk to private doctors to see if they offer a discount or payment plan.

How much do I have to pay?

The amount that you will have to pay for services will depend on your household income, but if you qualify for financial assistance, the amount you would have to pay will not exceed the amount Medicare Parts A & B would allow. Information about the Medicare allowed amount is available upon request from our Price Estimation service. Please contact us at (585) 758-7801. The provision of urgent or emergent health care is never delayed pending a financial assistance determination.

How do I get the discount?

You have to fill out the application form. As soon as we have proof of your income, determined that you are not eligible for insurance and have received a completed Financial Assistance application, we can process your application for a discount according to your income level. You may submit the application before, during or after services are rendered. Send the completed form to University of Rochester, 601 Elmwood Ave., Box 888, Rochester, New York 14642 attention: Financial Assistance Officer or bring it to the Care Management Office Room Med 1-2315.

How will I know if I was approved for the discount?

University of Rochester will send you a letter within 30 days after completion and submission of all requested documentation, telling you if you have been approved and the level of discount received.

What if I receive a bill while I'm waiting to hear if I can get a discount?

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.



Financial Assistance Summary



UR Medicine (Strong Memorial Hospital, Highland Hospital, and UR Medicine Healthcare Professionals) has a Financial Assistance program for patients who are unable to pay medical bills. UR Medicine recognizes that there are times when patients in need of care will have difficulty paying for the services provided. UR Medicine's Financial Assistance program provides discounts to qualifying individuals based on income.

A free copy of our Financial Assistance Policy and application is available by mail, by contacting our Financial Assistance Officers at 585-784-8889, or go to Room1-2315 for free confidential assistance. This information is also available on our website and available in other languages: <https://www.urmc.rochester.edu/strong-memorial/patients-families/billing-insurance/financial-assistance.aspx>.

Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes and with either no insurance or with limited health insurance.

Everyone in New York State who needs emergency services can receive care and get a discount if they meet the income limits and complete the Financial Assistance application process. Everyone who resides in the Hospital's primary service area (Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, and Yates counties) can get a discount on non-emergency, medically necessary services provided by UR Medicine if they meet the income limits and complete the Financial Assistance application process.

You cannot be denied medically necessary care because you need financial assistance. You may apply for a discount regardless of immigration status.

What are the income limits?

The amount of the discount varies based on your income and the size of your family.

The Financial Assistance Schedule below is a sample.

Please note: the schedule is revised annually once the updated Federal Poverty Levels are published by the Department of Health and Human Services at <https://aspe.hhs.gov/poverty-guidelines>.

Federal Poverty Levels 2019

CC% Allowance	Household Size FPL - Annual Gross Income	% of FPL	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person	10 Person
		Federal Poverty Levels	12,490	16,910	21,330	25,750	30,170	34,590	39,010	43,430	47,850	52,270
100%		up to 200%	24,980	33,820	42,660	51,500	60,340	69,180	78,020	86,860	95,700	104,540
80%		200 - 250%	31,225	42,275	53,325	64,375	75,425	86,475	97,525	108,575	119,625	130,675
60%		251 - 300%	37,470	50,730	63,990	77,250	90,510	103,770	117,030	130,290	143,550	156,810
40%		301 - 350%	43,715	59,185	74,655	90,125	105,595	121,065	136,535	152,005	167,475	182,945
20%		351 - 400%	49,960	67,640	85,320	103,000	120,680	138,360	156,040	173,720	191,400	209,080
0%		over 401%										
Each additional household member add \$4,420												

Please Note:
this chart will be updated annually to reflect the new Federal Poverty guidelines.