



Garnet Health

GHMC GHMC-Catskills GHVHS Medical Group GHVHS Urgent Care

Guarantor Name: _____
Address: _____

Patient Name: _____
Account Number: _____
Date of Service: _____
Balance: _____

Dear

Garnet Health has received and reviewed your application and has made a determination regarding your Financial Assistance. Based on the information you provided to us, you have been approved for a Financial Assistance discount of _____ percent.

If you have any questions regarding this determination, please contact the Financial Advocate Department at:

Garnet Health Medical Center (845) 333- 1888
Garnet Health Medical Center - Catskills (845) 794-3300 ext. 2430

If you disagree with the determination you may appeal the decision within 30 days by completing the Appeal Form.

Thank you for choosing Garnet Health as your healthcare provider.

Sincerely,

You may call the New York State Department of Health complaint hotline at 1-800-804-5477 if you have any issues regarding your application.

Garnet Health

www.garnethealth.org