



## Financial Assistance Summary

**Garnet Health understands that there are times when patients in need of care will have difficulty paying for the services provided. Our Financial Aid program provides discounts to qualifying individuals based on your income.**

The Application for Financial Assistance and Financial Assistance Policy (Policies) are available at patient registration areas of each Hospital Facility and may also be downloaded from the internet free of charge at [www.garnethealth.org](http://www.garnethealth.org), under **Pay My Bill** options. Patients may also request a copy to be mailed free-of-charge to their home upon request by telephone or writing to the following areas:

**Garnet Health Medical Center/  
Garnet Health Doctors / Urgent Care  
Financial Advocate Office**

707 East Main Street  
Middletown, NY 10940  
845-333-1888

or

**Garnet Health Medical Center - Catskills/  
Garnet Health Doctors/ Urgent Care  
Credit & Collections**

P.O. Box 800  
Harris, NY 12742  
845-333-8989

**Credit Department**

75 Crystal Run Road, Suite G20  
Middletown, NY 10940  
845-333-8989

### What services are covered?

Patients will not be denied access to services due to inability to pay; there is a discounted/sliding fee schedule available based on family size and income.

Only medically necessary services provided by a Garnet Health provider are covered by the discount. This includes outpatient services, emergency care, inpatient admissions, and physician services.

Services not provided by a Garnet Provider in the hospital are **not** covered by the hospital discounts. You should talk to your outside doctors to see if they offer a discount or payment plan. For your convenience, you can find our current doctors on our website at [www.garnethealth.org](http://www.garnethealth.org) at [Find A Doctor](#)

### Who qualifies for a discount?

Financial Assistance is available for all patients who meet the Garnet Health Financial Assistance guidelines. You can apply for Financial Assistance if you have a scheduled appointment, when you come to the hospital to get care, or when the bill comes in the mail. Patients with no insurance will receive a self-pay discount at the time of billing.

Those patients who have difficulty paying our self-pay rate or who can't afford to pay insurance deductibles, coinsurance, or copays on covered services can also apply for assistance through the Garnet Health Financial Assistance Program.

"Underinsured" is defined as patients whose paid medical expenses have exceeded 10% of their income in the last 12 months.

- Income is assessed as the gross monthly income of the household before expenses.
- Paid medical expenses refer to any out-of-pocket costs for emergency or medically necessary care (i.e., deductibles, copays, coinsurance, deposits, etc.) but do not include the cost of health insurance premiums.
  - If care totaling more than 10% of a patient's income was received at the hospital at which the

patient is applying for financial assistance, hospitals may use a patient's account to determine eligibility. Otherwise, patients must provide proof of paid bills or other documentation to indicate that medical expenses were paid.

Immigration status shall not be considered when determining eligibility.

## What are the income limits?

Eligibility for financial assistance is based on family income, size, and, in some cases, other information you provide. If, after reviewing your application, Garnet Health determines that your income is at 400% of Federal Poverty Limits (FPL) or below, you will be eligible for a discount on our bill for eligible services. In 2025, the maximum income levels for eligibility at 400% of FPL are shown below.



**Sliding Scale for Uninsured and Underinsured  
2025**

Family Unit	1	2	3	4	5	6	7	8	Discount of Patient Responsibility	Discount of Patient Responsibility
<b>FPL</b>	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150	100%	100%
<b>% Above FPL</b>										
200 and below	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300	100%	100%
201 - 300	\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$129,450	\$145,950	\$162,450	Uninsured (Patient responsibility is 10% at Medicaid Rate)	Underinsured (Patient responsibility is 10% of balance)
301 - 400	\$62,600	\$84,600	\$106,600	\$128,600	\$150,600	\$172,600	\$194,600	\$216,600	Uninsured (Patient responsibility is 20% at Medicaid Rate)	Underinsured (Patient responsibility is 20% of balance)
More than 400% above FPL not eligible									0%	0%

**Budget up to 5% of income per month**

For families/households with more than 8 persons, add \$5,500 for each additional person.

**Gross income** means your income before taxes are deducted. Gross income can consist of work earnings (wages, salaries, tips, earnings from self-employment), unearned income (social security, disability, and unemployment benefits), contributions (funds from family or friends), and other sources of income (temporary assistance and supplemental security income).

**Family members** mean all family members in your household. Your household includes yourself, your spouse or domestic partner, and any children or other dependents. For example, this would include everyone listed on the same tax return.

## What if I do not meet the income limits?

If you cannot pay your bill, Garnet Health offers a payment or budget plan for monthly payments, which will not exceed 5% of household income.

## Can someone explain the discount? Can someone help me apply?

Yes, free, confidential help is available. If you do not speak English, someone will help you in your own language. The Financial Assistance Policy and application are available in Spanish on our website as well as in the Patient Access areas of Garnet Health.

The Financial Advocate can assist you in applying for insurance through NYS Marketplace. If you do not qualify for Medicaid or other low-cost insurance, they will help you apply for a discount.

## What do I need to apply for a discount?

- Proof of Identity
  - Photo ID
  - Passport
  - Permanent Resident Alien Card (Green Card)
  - Driver's License for all applicants over 18 years old, including Common-Law Partners
- Proof of Income
  - Paycheck Stubs -2 (if paid bi-weekly), -4 (if paid weekly)
  - Letter from Employer on company letterhead (signed and dated), or most recently filed income tax return.

- Copy of award letter from Social Security Administration/Pension/Annuities/Disability
- Unemployment benefits/Workers Compensation/Alimony/Child Support/Dividends/Interest
- If you are being supported by someone, a **notarized letter** from the person who provides room/board for you
- Other – non-wage earnings (if any), such as rental income, cash for odd jobs, business, cash gifts, etc.
- If no income or cannot obtain proof of income, a **notarized letter** must be provided
- Proof of Address
  - Rent receipt or agreement
  - Mortgage stubs
  - Utility bill (electricity, water, or gas)
  - If no proof of address, a **notarized letter** from the person you reside with or the landlord
- If underinsured, additional information is required
  - Copies of all paid out-of-pocket medical costs (excluding premiums)

\*Note that we reserve the right to request additional documentation if we have any questions about the documentation you provided. Once we receive your completed application, you can disregard any bills/statements until you receive written notification regarding the status of your financial assistance application.

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

Garnet Health will send you a letter after the completion and submission of documentation, telling you if you have been approved and the level of discount received. In case of a denial, you will have the opportunity to appeal our decision.

Once a patient is determined to be eligible for Financial Assistance under our Policy, s/he will not be charged more for Covered Services under this Policy than Amounts Generally Billed (AGB).

Our Financial Advocate can give you the details about your specific bill amount once your application is processed.

### **Length of Eligibility and Patient Rights**

Eligibility will be granted for a period of six (6) months. You will need to recertify at the end of the eligibility period.

If you are denied financial assistance, you have the right to appeal.

- Please contact Garnet Health Financial Advocate office at 845-333-1888 or 845-333-8989 for assistance.
- If you need additional assistance with this application or help appealing a decision, you can reach out to Community Health Advocates: 888-614-5400.

Any information provided in this application will only be used by the hospital to determine your eligibility for financial assistance and will remain confidential to the extent permitted by law.

Amounts generally billed by a Hospital Facility for Emergency Services or Medically Necessary Services to individuals who have Medicare.