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Policy Area Administrative Manual - Patient Financial Services
Applicability St. Lawrence Health system-wide content
Key Phrases Federal Poverty Guidelines, NHSC

APPENDIX B to SLH Financial Assistance Program - Financial Assistance Application & Information Required

COPY

Financial Assistance Application & Information Required

Household Income Criteria and Verification

The evaluation of a patient’s eligibility for a Financial Assistance Discount will be based upon a combination of the patient’s household size and income. Household size is the number of family members/persons occupying the same household who are identified as dependents.

Income is defined as annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient’s defined household. Income will include wages, interest, dividends, rents, pensions, Social Security, VA benefits, unemployment benefits, worker’s compensation, disability, child support, alimony and any other types of income that may accrue to the patient or any individual in the patient’s defined household.

St. Lawrence Health may require that income be determined and verified by documentation or through the use of a self-attestation form. Income may also be determined by annualizing the pay of the patient and others in the patient’s defined household, at the patient’s current monthly earnings rate.

See the attached Application.

Related Policies, Documents, & Forms

- [SLH Financial Assistance Program](#)
- [Appendix A- Financial Assistance Discounts and Patient Payment Detail](#)
- [Appendix C - Billing and Collection Efforts for Patients Applying for Financial Assistance Discounts](#)
- [Appendix D - Procedure for implementation of the Financial Assistance Program Policy](#)
- SLH Financial Assistance Program Fillable Application (attached)
- SLH Financial Assistance Program Printable Application (attached)

References/Citations

- New York State Public Health Law 2807-k 26 U.S.C. 7805 Section 1.501(r) 1-6

Attachments

[SLH Financial Assistance Fillable Application](#)

[SLH Financial Assistance Printable Application](#)

Approval Signatures

Step Description	Approver	Date
Final Approval	Shannon Sullivan: System Director of Revenue Cycle	3/14/2023
	Policy Oversight Committee	3/14/2023
Policy Oversight Committee Review/Approval Simulations	Angela Board: Document Control Manager	2/25/2023
Initial Review, Edit, & Approval	Rhea McDonald: Director of Patient Access	2/22/2023