



## **Day Kimball Healthcare**

### **PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (FAP)**

Day Kimball Healthcare recognizes that some people cannot pay for all or part of their healthcare service. We are committed to providing access to healthcare to all persons, regardless of the ability to pay. We will do this in a compassionate manner that respects each person's dignity and privacy.

#### **FINANCIAL ASSISTANCE PROGRAM**

Eligibility for assistance is based upon total gross income (how much you make before taxes) and the number of dependents (spouse or children (adopted or biological) under 18) in your family. People who have special circumstances may receive further consideration. Eligible patients will not be charged more than patients who have insurance

#### **HOW TO APPLY FOR FINANCIAL ASSISTANCE**

For a free copy of the FAP and the application in English or other languages, or to receive a copy of the billing and collections please call 860-963-6337 or visit [www.daykimball.org](http://www.daykimball.org)

#### **What you need to apply:**

- 3 Months prior proof of income (pay stubs, social security income letter, etc)
- A bank statement for the past 30 days for all accounts
- An income less 400% of the federal poverty level
- You must be a Connecticut resident, unless services are provided via the ED or through an emergency admission. Residency is waived for Behavioral health or students boarding at area private schools.

These services **are** covered: necessary health care, including physician fees provided by Day Kimball-employed physicians.