



Financial Assistance Policy - Plain Language Summary

Mather Hospital's Financial Assistance Policy ("FAP") exists to provide eligible patients, partially or fully discounted emergency or medically necessary healthcare services provided by the hospital and any substantially related entities (as defined by the IRS). Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services - In general, the FAP applies to emergency or medically necessary health services provided and billed by Mather Hospital, and any substantially related entities (as defined by the IRS).

Eligible Patients - In general, patients within Northwell Health's service area, receiving eligible services, who submit a complete Financial Assistance Application ("Application"), which includes related documentation/information), and who are determined eligible for financial assistance by Northwell Health.

How to Apply - FAP and related Application Form may be obtained/completed/submitted as follows:

- Contact a Mather Hospital Financial Assistance Representative to complete an application over the phone at 631.473.1320, ext. 4037. Additional documentation may be required;
- Download a Financial Assistance application at www.matherhospital.org;
- Request documents to be mailed to you, by calling Mather Hospital Financial Assistance Department at 631.473.1320, ext. 4037;
- Mail completed Applications (with all documentation/information specified in the application instructions) to the financial assistance department, see address below.

Determination of Financial Assistance Eligibility - In general, Eligible Patients may receive financial assistance when their Family Income is at or below 500% of the Federal Government's Federal Poverty Guidelines ("FPG"). Eligibility for financial assistance means that Eligible Patients will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" ("AGB") to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). Financial Assistance levels, based solely on Family Income and FPG, are:

- Family Income at 0 to 100% of FPG
Full Financial Assistance; \$0 or the nominal payment level as defined by New York State Department of Health is billable to the patient.
- Family Income at 101% to 500% of FPG
Partial Financial Assistance; AGB is maximum amount billable to the patient.

Other relevant criteria in addition to FPG may be considered in determining eligibility (see Financial Assistance Policy), which may result in exceptions to the preceding. Mather Hospital's financial

assistance department will review submitted completed applications and determine financial assistance eligibility in accordance with the Financial Assistance Policy.

Applicants who provide incomplete FAP applications will be notified and given an opportunity to provide the missing documentation/information in order for a determination to be made with respect to eligibility for financial assistance.

Mather Hospital also translates its Financial Assistance Application in other languages wherein the primary language of the residents of the community served by the hospital represents the lesser of 5 percent or 1,000 individuals within the population likely to be affected or have an encounter with Mather Hospital. Translated versions are available upon request via phone at 631.473.1320, ext. 4037.

For assistance or questions please contact a financial representative at 631.473.1320, ext 4037.

Mather Hospital

Financial Assistance Department

100 Highlands Blvd. Suite 302

Port Jefferson, NY 11777

Web address; www.matherhospital.org