

Financial Assistance Summary

The University of Vermont Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's insurance benefits or financial resources. The University of Vermont Medical Center is committed to providing financial assistance to persons who have essential health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. The University of Vermont Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with our procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

Applications are available online at www.UVMHealth.org, via Customer Service, by phone at (802) 847-8000 or (800) 639-2719, at the Financial Services Office at the Medical Center Campus or any Registration location at The University of Vermont Medical Center.

Service Eligibility

- Inpatient, emergent and urgent services and medically necessary elective services
- Exclusions from the assistance program:
 - Cosmetic services
 - Birth control, fertility and infertility services, including reversals
 - Services to residents outside of the financial eligibility area unless provided in an emergency room setting
 - Services deemed not medically necessary
 - Services reimbursed directly to the patient by an insurance carrier or third party
 - Services that have been placed in collections beyond 120 days of placement
 - Services rendered by The University of Vermont Medical Center Dental & Oral Health Clinic

Financial Need Determination

- Patients are invited to complete an application and are required to supply supporting financial documentation upon submission.
- Determination is a financial calculation based upon a patient's income and asset test.
- Coverage will be provided to patients whose income is at or below 400% of federal poverty level guidelines.
- May include the use of external publicly available data sources which provide information on ability to pay

Patient Eligibility

- Uninsured, underinsured or ineligible for any government health care benefit program.
- Eligibility shall be based upon an individualized determination of financial need and shall not take into account race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability. Protected veteran status or obligation for service in the armed forces.
- Eligibility is based upon an income and assets calculation.
- Patient must reside within The University of Vermont Medical Center financial eligibility area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in VT/NY service area.
- All insurance plans, workers' compensation, third-party liability carriers, etc., must be billed.
- Patients who would qualify for public programs, including the health exchange, will be expected to apply for benefit coverage. Exclusion: Patients whose religious or cultural beliefs prohibit government assistance, will be required to assume a portion of financial responsibility.

Provider Coverage (MD non-covered list available)

- All employed UVM Medical Center medical providers rendering care at the UVM Medical Center and physician practices are covered.

Income and Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month)

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- Dependents >18 years of age may be included in the household size provided they are listed as a dependent on federal income tax returns.
- Liquid assets not to exceed \$50,000. Assets include: cash, savings, checking, money market, CD's, term certificates, stocks/bonds, mutual funds, income drawn from retirement accounts and other liquid assets. Secondary homes, rental properties and fair market value for recreational vehicles. Exclusions include: Primary residence, rental property depending upon value, personal property such as furniture, apparel, livestock and non-recreational vehicles. Tuition stipends and/or grants for education.

Assistance Guidelines

- In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount assessed to a patient will not exceed the amount generally billed to patients who have insurance coverage.
- Financial assistance may be applied against a six month coverage window, one year for >65 years of age with a fixed income. When the period has closed, patients will be required to re-apply and, based upon their financial status, may have their financial assistance category adjusted.
- Catastrophic assistance is available to patients whose balance exceeds 30% of their annual household income.
- The University of Vermont Medical Center acknowledges extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. Where these conditions exist, patients may submit a letter for consideration detailing the hardship.
- Cases which may require review for clinical necessity will be presented to the Chief Medical Officer for a decision on medical necessity.
- Patients whose applications are denied may appeal the decision. Requests for appeal should be sent to the Patient Financial Assistance Specialist in writing within 30 days of denial receipt and must clearly indicate the reason for appeal.
- Patients who qualify for assistance and who are cooperating in good faith to resolve their bills may be offered extended payment plans on balances not covered by the Patient Financial Assistance Program.
- The University of Vermont Medical Center does not engage in extraordinary collection actions.

Application Process

- Patients who face financial hardship are encouraged to apply for assistance. The full financial assistance policy and application are available online at www.UVMHealth.org, via mail by contacting Customer Service at (802) 847-8000 or (800) 639-2719, at the Patient Financial Services Office at the Medical Center Campus, 111 Colchester Ave, Burlington VT, or any Registration location. Questions regarding the policy or process and/or if you need help completing an application, please contact Customer Service via phone or in person at the Financial Services office at the Medical Center Campus.
- Applications must be completed in full and be accompanied by all required supporting documentation. Please refer to the application check list before submission.
- Incomplete applications will remain unprocessed and will be rejected if supporting documentation is not received within 14 days of submission. If incomplete, a period of 30 days shall be allowed to provide the remaining information.
- Receipt of a completed application, documentation included, will begin a processing period where the financial status of the family will be reviewed. This will include a review of all family balances, medical necessity of service and an income test/assets review.
- Requests for assistance will be processed promptly and The University of Vermont Medical Center will notify the patient applicant of a decision in writing within 30 days of receipt.
- The University of Vermont Medical Center will apply the adjustment financial assistance to all eligible services and subsequently bill the patient for any remaining balances.

Federal Poverty Level	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Financial Assistance Percentage Discount	100%	85%	75%	65%	57%

Discrimination is Against the Law

The University of Vermont Medical Center complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

THE UVM MEDICAL CENTER PROVIDES FREE AIDS AND SERVICES TO DEAF PEOPLE AND PEOPLE WITH DISABILITIES TO COMMUNICATE EFFECTIVELY WITH US, SUCH AS:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you need these services, call (802) 847-3553.

THE UVM MEDICAL CENTER PROVIDES FREE LANGUAGE SERVICES TO PEOPLE WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, SUCH AS:

- Qualified interpreters
- Information written in other languages

If you need these services, call (802) 847-8899.

If you believe that the UVM Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces, you can file a grievance with:

Office of Patient and Family Advocacy

UVM Medical Center

111 Colchester Avenue

Burlington, VT 05401

Phone: (802) 847-3502

Fax: (802) 847-0384

PatientandFamilyAdvocacy@uvmhealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Patient and Family Advocacy is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

(800) 368-1019, (800) 537-7697(TTD)

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NEPALI | नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
फोन गर्नुहोस् (802) 847-8899.

BOSNIAN | Bosanski

PAŽNJA: Ako govorite Bosanski, usluge pomoći jezika, bez naknade, na raspolaganju su vam. Poziv (802) 847-8899.

ARABIC | العربية

نإفت امدخ قدعا سملاقى وغلا رف لوت ت كل نإجلاب. لا ص تاقرب
تظودلم: اذإ ت نك ت دد ت ركذا اللغة، (802) 847-8899.

SOMALI | Soomaali

DHEG: haddii aad ku hadashid Soomaali, adeegyada kaalmo luqadeed bilaash ayaa lagu helayo. Wac (802) 847-8899.

SPANISH | Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (802) 847-8899.

MANDARIN | 國語

注意：如果您说 中文，可免费获得语言援助服务。拨打 (802) 847-8899.

CANTONESE | 廣東話

請注意：如果你講 廣東話，語言協助服務係免費㗎，
如要幫助，請撥打熱線
(802) 847-8899.

VIETNAMESE | Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (802) 847-8899.

FRENCH | Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (802) 847-8899.

MAAY MAAY

DIGNIIN: hattii ada ka hadalaasa Maay Maay, adeegada gargaarka luugada, oo bilaash eh, yaa lakin helee ada. Han weer (802) 847-8899.

RUSSIAN | русском

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (802) 847-8899.

SERBO CROATIAN | Srpsko-Hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (802) 847-8899.

THAI | ภาษาไทย

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้

ดีฟรี โทร (802) 847-8899.

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (802) 847-8899.

SWAHILI | Kiswahili

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lugha, bila malipo. Piga simu (802) 847-8899.

JAPANESE | 日本語

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(802) 847-8899 まで、お電話にてご連絡ください。

BURMESE | ကြမ္မာမူ

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊

ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်

စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် (802) 847-8899 သို့ ခေါ်ဆိုပါ။

KIRUNDI | Ikirundi

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (802) 847-8899

KAREN | unD

ဟ်သ့ဟ်သး- နမ့ၢ်ကတိၤ ကညီ ကျိၢ်အယံ, နမ့ၢ် ကျိၢ်အတၢ်မၤတၢ်လၢ
တလၢကတိၢ်လၢကတိၢ် နီတမံၤဘၣ်သ့န့ၢ်လီၤ. ကိး (802) 847-8899