

ADDITIONAL INFORMATION

To learn more about financial assistance:

You can visit a Patient Financial Services Representative Monday through Friday, from 8:00 a.m. to 4:30 p.m., at the following locations:

Rockefeller Outpatient Pavilion

160 East 53rd Street, 3rd floor

64th Street Outpatient Center

205 East 64th Street, Lower Concourse

Evelyn H. Lauder Breast Center

300 East 66th Street, 1st Floor

The Sidney Kimmel Center for Prostate and Urologic Cancers

353 East 68th Street, 1st floor

Main Hospital

1275 York Ave, Room A104
(near the 67th Street entrance)

Memorial Sloan-Kettering Cancer Center Basking Ridge

136 Mountain View Boulevard
Basking Ridge, NJ 07920

Memorial Sloan-Kettering Cancer Center Sleepy Hollow

777 North Broadway
Sleepy Hollow, NY 10591

Memorial Sloan-Kettering Skin Cancer Center Hauppauge

800 Veterans Memorial Highway, 2nd Floor
Hauppauge, NY 11788

Memorial Sloan-Kettering Cancer Center Rockville Centre

1000 North Village Avenue
Rockville Centre, NY 11570

Memorial Sloan-Kettering Cancer Center Commack

650 Commack Road
Commack, NY 11725

Call Patient Financial Services

at 212-639-3810. Inquiry hours are
8:00 a.m. – 5:00 p.m., Monday – Friday.

Si require información en español acerca del Programa de Asistencia Financiera, favor de llamar al 212-639-3810.

Для получения информации о программе оказания финансовой помощи на русском языке, звоните по телефону 212-639-3810.



Financial Assistance Program

For patients who are uninsured or having a difficult time paying their bills



Memorial Sloan-Kettering
Cancer Center

FINANCIAL ASSISTANCE PROGRAM (FAP)

For many years, Memorial Sloan-Kettering Cancer Center has provided financial help to patients in need. If you do not have health insurance or are worried about paying for the portion of your bill not paid by your insurance, we may be able to help.

The Memorial Sloan-Kettering Financial Assistance Program (FAP) helps uninsured and underinsured patients with household income up to five times the federal poverty level who cannot get publicly funded health insurance or cannot afford to pay for their medical care. It is the intention of the hospital to offer financial assistance to our most medically and financially needy patients.

Hospital and physician fees can be reduced for patients who qualify to pay an out-of-pocket amount. Fees can be totally forgiven if it is determined that a patient cannot afford to pay any amount, in which case the amount that the patient's insurance pays will be accepted as payment in full. Aid is given based on the patient's household income and family size.

To determine what a family can afford to pay, if anything, we calculate a patient's household net monthly income, and then deduct the total amount of routine monthly bills. The amount remaining is what we consider the patient able to afford each month. If a patient's household routine monthly bills are more than or equal to their net monthly income we would accept whatever the patient's insurance pays as payment in full unless the patient has assets such as a second home, stocks, certificates of deposits, or large savings, or has any other asset excluding retirement or education accounts. Patients with a large amount of assets whose routine monthly bills are greater than their net monthly income may be eligible to make a monthly payment, or they may not qualify for assistance.

An individual who is determined to be eligible for FAP will never be charged more for medically necessary care than the amounts generally billed to individuals who have insurance that covers 80 percent of the total charges.

New patients who reside in New York or New Jersey may qualify for aid. Existing Memorial Hospital patients may qualify for aid regardless of where they live in the United States.

We understand that each patient has a unique financial situation and encourage you to contact our Patient Financial Services Department if you need assistance. Each application for assistance is handled confidentially and requires the cooperation of the applicant. Our physicians and other medical staff do not know when a patient is applying for assistance. Your medical care will never be compromised on the basis of financial need.

Income Guidelines:

Size of Family	MSKCC Allowed Annual Income	Monthly Income
1	\$57,450	\$4,788
2	\$77,550	\$6,463
3	\$97,650	\$8,138
4	\$117,750	\$9,813
5	\$137,850	\$11,488
6	\$157,950	\$13,163

To be considered for the program, a patient must provide the following documentation:

Uninsured Patients

- Proof of current income for the past month such as pay check stubs or a current bank statement if your pay is directly deposited.

Insured Patients

- Proof of current income for the past month such as pay check stubs or a current bank statement if your pay is directly deposited.
- Copies of all routine monthly bills
- Your most current income tax return including all schedules.
- Documentation of assets and expenses

Please note: You must provide the documentation for an evaluation to be completed. Upon review of your documentation, you may be required to provide additional documents.

If you qualify for financial assistance, your agreement with MSKCC is effective for one year. Your financial circumstances will be reevaluated annually to determine whether you are still eligible to receive assistance.

If you are deemed eligible to make a payment each month and you miss a payment you will be considered to have defaulted on your payment obligation, which may result in your account being sent to collections within 60 days. If you would like a copy of Memorial Hospital's billing and collections policy, please call Patient Billing Services at (in-state) 646-227-3378 or (out-of-state) 866-248-1274.