

**Please note:** Upon review of your documentation if you did not provide all of the initial documents you may be required to provide additional documents.

Upon submission of a completed application the patient may disregard any bills until the hospital has rendered a decision on the application.

If you qualify for financial assistance, your agreement with Memorial Hospital 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 or go to our website: [www.mskcc.org/financial-assistance](http://www.mskcc.org/financial-assistance).

If you are deemed not eligible for assistance and disagree with this decision you may initiate an appeal by contacting the Patient Financial Services Director, at 212-639-7942 within 30 days. An appointment would then be scheduled for you to review your financial assistance determination with the hospital's Financial Assistance Appeal Committee. You may also contact the Department of Health at 1-800-804-5447 or 518-402-6993.

**All financial assistance information is available in the following languages:**

- English
- Spanish
- Russian
- Chinese

## TO APPLY FOR ASSISTANCE

- Visit our website at [www.mskcc.org/financial-assistance](http://www.mskcc.org/financial-assistance)
- Call our dedicated FAP line at **212-639-3810**  
or
- Go to our Patient Financial Services office at **1275 York Avenue, New York, NY 10065, Room C130** on the 1st floor.



# Financial Assistance Program

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

For many years, Memorial Sloan Kettering 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. If a patient is deemed eligible for our FAP program it covers all patient balances representing hospital and physician charges incurred at all of our facilities.

## WHO IS ELIGIBLE FOR FAP?

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.

MSK will never charge FAP eligible patients more than the amount billed to patients with insurance that covers medically necessary care. For more information regarding how we calculate the average general billed amount please go to our website: [www.mskcc.org/financial-assistance](http://www.mskcc.org/financial-assistance).

New patients who reside in New York, New Jersey or anywhere in the United States may qualify for aid once it is confirmed by our clinicians that the patient requires treatment at MSK and the patient expresses financial hardship. 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 & RESOURCE GUIDELINES

Size of Family	MSK Allowed Annual Income	Monthly Income	MSK Allowed Resources*
1	\$60,300	\$5,025	\$37,125
2	\$81,200	\$6,766	\$54,375
3	\$102,100	\$8,508	\$62,532
4	\$123,000	\$10,250	\$70,687
5	\$143,900	\$11,992	\$78,845
6	\$164,800	\$13,733	\$87,000

*\*not including retirement & education accounts*

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

### Uninsured Patients

- If you do not have any health insurance you are considered uninsured and only have to provide 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.
- Checking account statements for the past 3 months. (If you do not have a checking account, you must provide receipts, and/or supporting documents, indicating the method of payment used to pay your routine monthly bills).
- Documentation of assets and expenses (Assets include: additional properties, CD's, stocks, savings, anything not linked to retirement).

Please mail all of your documents to: **Memorial Hospital, 1275 York Avenue, New York, NY 10065; Attn: Patient Financial Services Box, 319**; fax them to **212-639-2085** or contact your assigned financial counselor directly (their telephone number is included on all correspondence sent to you) to schedule an appointment.