



East Boston Neighborhood Health Center
Patient Financial Assistance Program
Plain Language Summary

Patient Financial Assistance Program (FAP):

East Boston Neighborhood Health Center ("EBNHC"), in partnership with Boston Medical Center, provides consistent, high-quality services to all in need of medical care, regardless of ability to pay.

EBNHC helps uninsured and underinsured Massachusetts residents apply for health coverage through the EBNHC Financial Assistance Program or public assistance programs (including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net, and Medical Hardship).

Who is Eligible?

Low-income uninsured and underinsured patients who are Massachusetts residents and who meet income qualifications are eligible for financial assistance. The financial assistance programs are determined by reviewing, among other items, an individual's household income, assets, family size, expenses, medical needs, and state of residence. If eligible, some patients will not be required to pay for services; others may be asked to make partial payment. A Massachusetts resident of any income may qualify for Medical Hardship through the Health Safety Net if certain medical expenses have so depleted his or her income that he or she is unable to pay for health services.

How to Apply:

EBNHC's Financial Assistance Policy, Billing and Collections Policy, and this plain-language summary are available to all patients in English and Spanish. The EBNHC Financial Assistance Program application and instructions are also available to all patients in English and Spanish. Assistance in completing the application in other languages is available by calling MassHealth's Interpreter Services at 800-841-2900 or EBNHC's Patient Accounts Department at 617-568-7220. Additional information about EBNHC's Financial Assistance Program, including the application form and instructions, are available on the EBNHC website at <http://www.ebnhc.org/visitorpatient-info/patient-financial-assistance-program.html> and at the locations and phone numbers below.

For more information about EBNHC's Financial Assistance Program, including application and instruction translation assistance, please contact the Patient Accounts Department at the locations and phone number listed below (1-3) or MassHealth for questions specific to the application and instructions (4):

- (1) In any patient registration area within the Health Center.
- (2) By calling the Patient Accounts Department at 617-568-7220.
- (3) Making a written request to the address below:

East Boston Neighborhood Health Center
Attention: Patient Accounts Department
10 Gove Street
East Boston, MA 02128

- (4) By calling MassHealth's Interpreter Services at 800-841-2900.