
NeighborHealth

Financial Assistance Policy: Plain Language Summary

NeighborHealth, provides medically necessary care to all patients, regardless of race, color, religion, sex, national origin, age, disability, gender identity or expression, or the ability to pay. NeighborHealth offers financial assistance to low-income, uninsured or underinsured patients, who demonstrate need and an inability to pay for care. NeighborHealth will work with patients to determine eligibility for financial assistance and help them to apply for coverage under Medicaid or other state programs, federally qualified health plans, or the center's Sliding Fee Discount Program.

Information about the center's Financial Assistance Policy and how to apply for financial assistance is available to all patients in English, Spanish, Portuguese, Arabic and Haitian Creole. Interpreters are available to assist patients with applications in other languages through MassHealth's interpreter services at 1-800-841-2900, or by calling Patient Financial Counseling at 617-568-4600 or visiting the office locations at 79 Paris St in East Boston, MA or 1601 Washington St in Boston, MA. NeighborHealth's Financial Assistance Policy is available for free upon request and online for download at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>.

Who is eligible?

Low-income, uninsured and underinsured patients who require medically necessary care and are unable to pay for services may apply for financial assistance programs. Program eligibility is based upon guidelines which include an individual's household income, family size, medical needs, and state of residence. How a patient qualifies for financial assistance will determine the type of program for which they are eligible. Some patients will qualify for programs that do not require payment for services, while other eligible patients are required to make a partial payment for care. Under the Sliding Fee Discount Program, patients with income at or below 100% of Federal Poverty Guidelines (FPG), qualify for free care with a 100% write-off of total charges, and patients with income between 100% and 200% of FPG qualify for a partial write-off of charges. Massachusetts residents may also apply for assistance under Medical Hardship, a program available through the state's Health Safety Net. Regardless of household size and income, a person may qualify for Medical Hardship if their allowable medical expenses are greater than an established percentage of their household income. Patients determined ineligible for coverage under state or federal financial assistance programs will be evaluated for eligibility under the center's Sliding Fee Discount Program.

How to Apply:

Information about BMC's Financial Assistance Policy, Sliding Fee Discount Program, and application, are available as follows:

- Contact Patient Services Department at (617) 568-4600 or visit an office location, Monday through Friday, from 8 AM to 5 PM, at:
 - 79 Paris Street, East Boston, MA 02128; or
 - 1601 Washington Street, Boston, MA 02118
- Visit the Center's website at <https://www.neighborhealth.com/en/patients-and-visitors/patient-financial-assistance-program/>
- Make a written request for program information and application instructions by mail to:
NeighborHealth
Attention: Patient Services Department
10 Gove Street
East Boston, MA 02128