



Do you need assistance completing an application?

You can get help in the following ways:

Receive in-person assistance by going to the following locations

Mt. Ascutney Hospital and Health Center
289 County Road
Windsor, VT 05089

Ottauquechee Health Center
32 Pleasant Street
Woodstock, VT 05091

Mt. Ascutney Hospital Ophthalmology
80 S. Main Street
Hanover, NH 03755

Call one of our Financial Counselors at

(802) 674-7471 or Windsor Community
Health Clinic at (802) 674-7213

Please send completed applications to:

ATTN: Customer Service Department
Mt. Ascutney Hospital and Health Center
289 County Road
Windsor, VT 05089

FINANCIAL ASSISTANCE POLICY



Do you need assistance to pay your bill for emergency or medically necessary care at Mt. Ascutney Hospital and Health Center?

You may be eligible for financial assistance. MAHHC offers free or discounted care for emergency or medically necessary services provided to patients within our service area who qualify and are residents or to non-residents who experience a medical emergency while in our service area.

Generally, financial assistance will be available to help with balances you owe if:

- You have no insurance or you are under-insured.
- You are not eligible for insurance coverage or other governmental assistance, and either of the following is true:
 - Your family income is at or below 300% of the Federal Poverty Limit; issued by the Department of Health and Human Services (HHS), updated on a yearly basis, or;
 - If you believe that your assets, liquid assets, or other available resources are not enough to cover the cost of your care.

In addition to your completed application, we may require documents verifying your income, assets and medical expenses to determine whether you qualify for assistance. If you do not qualify for financial assistance, you may still be eligible for the prompt pay discount. You can find information below about how to get a copy of the full MAHHC Financial Assistance Policy which describes these potential discounts in more detail.

MAHHC Financial Policy

Patients without insurance cannot be charged any more than amounts generally billed to patients who have insurance covering the same care. MAHHC applies a discount to the FAP eligible patient's gross charges to all balances where there is no insurance, or to medically necessary services processed by insurance carriers resulting in a balance, which the patient is expected to pay. This discount doesn't apply to any co-payments, co-insurance, deductible amounts, pre-payment or package services which already reflect any required discounts or any non-covered services per our policy.

How do I apply for financial assistance?

Windsor Community Health Clinic Patient Advocates and our Financial Counselors can assist you in identifying and applying for insurance coverage or other resources and with completing an application for financial assistance. If you have a remaining balance after exhausting all other coverage options, you may be eligible for financial assistance. An application can be requested in person, over the telephone or obtained via the web link below.

At your request, a financial application form or copy of the Financial Assistance Policy will be mailed to you at no charge. Also, these documents and this brochure summary of the policy are available on our website at MtAscutneyHospital.org/FAP and can be printed in alternative languages by contacting the public relations office at (802) 674-7327. Translation and sign language services can also be arranged by request through any MAHHC clinical or clerical staff.

2023

Household Size	Hosuehold Equal to Or Less Than			
	250%	275%	300%	325%
1	\$36,450	\$40,095	\$43,740	\$47,385
2	\$49,300	\$54,230	\$59,160	\$64,090
3	\$62,150	\$68,365	\$74,580	\$80,795
4	\$75,000	\$82,500	\$90,000	\$97,500
5	\$87,850	\$96,635	\$105,420	\$114,205
6	\$100,700	\$110,770	\$120,840	\$130,910
7	\$113,550	\$124,905	\$136,260	\$147,615
8	\$126,400	\$139,040	\$151,680	\$164,320
Each add'l Person	\$12,850	\$14,135	\$15,420	\$16,705
	100% FREE CARE	75% DISCOUNTED CARE	50% DISCOUNTED CARE	25% DISCOUNTED CARE

Household Size	100%
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
Add'l	\$ 5,140

Household Size	Hosuehold Equal to Or Less Than			
	225%	250%	275%	300%
1	\$32,805	\$36,450	\$40,095	\$43,740
2	\$44,370	\$49,300	\$54,230	\$59,160
3	\$55,935	\$62,150	\$68,365	\$74,580
4	\$67,500	\$75,000	\$82,500	\$90,000
5	\$79,065	\$87,850	\$96,635	\$105,420
6	\$90,630	\$100,700	\$110,770	\$120,840
7	\$102,195	\$113,550	\$124,905	\$136,260
8	\$113,760	\$126,400	\$139,040	\$151,680
Each add'l Person	\$11,565	\$12,850	\$14,135	\$15,420
	100% FREE CARE	75% DISCOUNTED CARE	50% DISCOUNTED CARE	25% DISCOUNTED CARE

Household Size	100%
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
Add'l	\$ 5,140