



Capital Health's Financial Assistance Policy Plain Language Summary

The Capital Health Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted healthcare services provided by Capital Health. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services – Healthcare services provided by Capital Health and billed by Capital Health. The FAP only applies to services billed by Capital Health. Other services which are separately billed by other providers, such as physicians or laboratories, are not eligible under the FAP.

Eligible Patients – Patients receiving eligible services, who submit a completed Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by Capital Health.

How to Apply – FAP and the related Application Form may be obtained/completed/submitted as follows:

1. Obtained at Capital Health's main Outpatient Registration desk.
2. Request documents be mailed to you by calling Capital Health's Patient Accounts Department at 609-394-6023.
3. Download the documents from the Capital Health website: <https://www.capitalhealth.org>
4. Mail completed applications (with all documentation/information specified in the application instructions) to the Capital Health Patient Accounts Department, 750 Brunswick Avenue, Trenton, NJ 08638.

Determination of Financial Assistance Eligibility – Generally, Eligible Persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 200% of the Federal Government's Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons (AGB, as defined in IRC Section 501 (r) by the Internal Revenue Service). Financial Assistance levels, based solely on Family Income and FPG, are:

- Family Income at 0 to 200% of FPG
Full Financial Assistance; \$0 is billable to the patient.
- Family Income at 200 to 300% of FPG
Partial Financial Assistance; AGB is maximum billable to the patient.

Note: Other criteria beyond FPG are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly net income relative to monthly household expenditures), which may result in exceptions to the preceding. If no Family Income is reported, information will be required as to how daily needs are met. Capital Health's Patient Accounts Department reviews submitted applications which are complete, and determines Financial Assistance Eligibility in accordance with Capital Health's Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information.

Capital Health also translates its FAP, FAP application form and the plain language summary of its FAP in other languages wherein the primary language of the residents of the community served by Capital Health represents 5 percent or 1,000; whichever is less; of the population of individuals likely to utilize Capital Health. Translated versions are available upon request and on Capital Health's website.

For help, assistance or questions please call Capital Health's Patient Accounts Department at 609-394-6023.