



Plain Language Summary of Financial Assistance Policy

Our hospital remains devoted to continued excellence in patient care and serving the community. As a partner in the community, we offer a financial assistance program which allows us to provide care to qualifying patients without charge or at amounts less than our established rates.

Financial assistance is available for patients with limited income and no health insurance. If you are insured, you may still be eligible if you have out-of-pocket expenses that you are unable to pay for. All patients who are residents of New York State or the hospital's primary service areas may be eligible for financial assistance for medically necessary services. This financial assistance policy applies to the hospital and the providers affiliated with its related entities, Westchester Medical Center Advanced Physician Services, P.C., and Bon Secours Medical Group only. Any other physicians, providers, or provider groups, including the Emergency Room Physicians or Boston Children's Health Physicians are not covered under this policy. You may call your provider directly if you have any questions about their policies.

Eligibility for financial assistance is based on income, the size of your family, and other information you provide. The hospital will not charge patients eligible for financial assistance more than amounts generally billed (AGB) to individuals who have insurance for emergency or other medically necessary care. The Hospital calculates the AGB using the prospective method and bases that rate on current New York State fee-for-service Medicaid rates. Discounted or free care is available up to 400% of the Federal Poverty guidelines below:

Household / Family Size	Maximum Family Income (400% Federal Poverty Guidelines)*
1	\$60,240
2	\$81,760
3	\$103,280
4	\$124,800
5	\$146,320
6	\$167,840
7	\$189,360
8	\$210,880
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**Figures based on 2024 Federal Poverty Guidelines as published by the US Department of Health and Human Services*

Patients may request financial assistance by submitting an application and providing supporting documentation. The hospital's financial assistance policy and application are available in English and Spanish, free to the public, and readily available at the facility's main Registration desk and on our website at: www.wmchealth.org/FinancialAssistanceApplication



To request a copy of the financial assistance policy or application by mail or if you have questions related to our financial assistance program, you may call to speak with a financial counselor at the contact listed below for each facility. If you, your family members, or friends do not speak English, someone will assist you in your preferred language.

Signature: _____ Date/Time: _____

Westchester Medical Center

Financial Assistance Department

Phone: (914) 493-7830

Mailing Address: P.O. Box 277, Hawthorne, NY 10532
Physical location: 100 Woods Road, Valhalla, NY 10595

MidHudson Regional Hospital

Financial Assistance Department

Phone: (845) 483-5406

Mailing Address: 241 North Rd, Poughkeepsie, NY 12601
Physical location: 241 North Rd, Poughkeepsie, NY 12601

Bon Secours Community Hospital | Good Samaritan Hospital | St. Anthony's Community Hospital

Financial Assistance Department

Phone: (845) 547-3888

Mailing & Location: Bon Secours Community Hospital, 160 East Main St., Port Jervis, NY 12771
Mailing & Location: Good Samaritan Hospital, 255 Lafayette Ave. Suffern, NY 10901
Physical location: St. Anthony's Community Hospital, 15 Maple Avenue, Warwick, NY 10990
Mailing Address: For St. Anthony's Community Hospital, Send mail to:
Bon Secours Community Hospital, 160 East Main St., Port Jervis, NY 12771

HealthAlliance Hospital Mary's Avenue | Margaretville Hospital

Financial Assistance Department

Phone: (845) 334-2743

Mailing Address: 105 Mary's Ave, Kingston, NY 12401
Physical location: HealthAlliance Hospital Mary's Avenue, 105 Mary's Ave, Kingston, NY 12401
Physical location: Margaretville Hospital, 42084 New York 28, Margaretville, NY 12455