



The Burke Rehabilitation Hospital Financial Assistance Policy

Burke Rehabilitation Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided. The Burke Rehabilitation Hospital Charity Care program provides discounts to qualifying individuals based on their income and who reside within our Primary Service Area (PSA). In addition, we can help you apply for free or low-cost insurance if you qualify. Please contact our Patient Financial Services Department at 914-597-2329.

PLEASE NOTE: BEFORE BEING ACCEPTED INTO BURKE REHABILITATION HOSPITAL'S CHARITY CARE PROGRAM, YOU MUST, IF APPLICABLE, ATTEMPT TO APPLY FOR ACCEPTANCE INTO THE MEDICAID INSURANCE PROGRAM OR WORKERS COMPENSATION / NO FAULT INSURANCE PROGRAMS.

Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes and no health insurance. As part of its Charity Care Program, Burke Rehabilitation Hospital offers free or discounted inpatient and outpatient medical care services to eligible people. To qualify for this program, you must be uninsured or have exhausted your current insurance benefits. Charity Care will not be given on financial obligations dictated by insurance plan deductible and co-payment requirements. In addition, your family income, as evidence by Internal Revenue Service tax returns, and, when applicable, completed Medicaid eligibility applications, must be equal to or less than three times the current Federal Poverty Guidelines.

You may apply for a discount regardless of immigration status. You will not be denied medically necessary care because you qualify for financial assistance.

Can someone explain the discount? Can someone help me apply?

Yes, free, confidential help is available. Call Patient Financial Services 914-597-2329. If you do not speak English someone will help you in your own language. The Counselor will help you fill out all the forms and tell you what documents you need to bring.

The Financial Counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus. If the Financial Counselor finds that you do not qualify for low-cost insurance, they will help you apply for our Charity Care Discount.

What are the income limits?

The amount of the discount varies based on your income and the size of your family. Generally, patients are eligible for financial assistance, using a sliding scale, based on the Federal Government's Federal Poverty Guidelines (FPG).

Burke does not charge FAP-eligible individuals full charges for any medically necessary services. Uninsured inpatients gross charges are reduced to amounts generally billed (AGB) to Medicare based on the AMG calculation for rehabilitation services.

The following table summarizes Burke Rehabilitation Hospital's Charity Care Program family income requirements for FREE MEDICAL CARE SERVICES:

Size of Family Unit	Family Income Equal To or Less Than
1	27,180
2	36,620
3	46,060
4	55,500
5	64,940
6	74,380
7	83,820
8	93,260

For Family Units With More Than 8 Members, Add 9,440 For Each Additional Member

For family incomes greater than the Free Care requirements, the following table summarizes Burke Rehabilitation Hospital's Charity Care Program family income eligibility requirements for 80% DISCOUNTED MEDICAL CARE SERVICES:

Size of Family Unit	Family Income Equal To or Less Than
1	30,583
2	41,198
3	51,823
4	62,438
5	73,063
6	83,678
7	94,303
8	104,918

For Family Units With More Than 8 Members, Add 10,615 For Each Member

For family incomes greater than the 80% Discounted requirements, the following table summarizes Burke Rehabilitation Hospital's Charity Care Program family income eligibility requirements for 60% DISCOUNTED MEDICAL CARE SERVICES:

Size of Family Unit	Family Income Equal To or Less Than
1	33,975
2	45,775
3	57,575
4	69,375
5	81,175
6	92,975
7	104,775
8	116,575

For Family Units With More Than 8 Members, Add 11,800 For Each Member

For family incomes greater than the 60% Discounted requirements, the following table summarizes Burke Rehabilitation Hospital's Charity Care Program family income eligibility requirements for 40% DISCOUNTED MEDICAL CARE SERVICES:

Size of Family Unit	Family Income Equal To or Less Than
1	37,378
2	50,353
3	63,338
4	76,313
5	89,298
6	102,273
7	115,258
8	128,233

For Family Units With More Than 8 Members, Add 12,975 For Each Member

For family incomes greater than the 40% Discounted requirements, the following table summarizes Burke Rehabilitation Hospital's Charity Care Program family income eligibility requirements for 20% DISCOUNTED MEDICAL CARE SERVICES:

Size of Family Unit	Family Income Equal To or Less Than
1	40,770
2	54,930
3	69,090
4	83,250
5	97,410
6	111,570
7	125,730
8	139,890

For Family Units With More Than 8 Members, Add 14,160 For Each Member

People with family incomes greater than the 20% Discounted Requirements are not eligible for our Charity Care Program.

What if I do not meet the income limits?

If you do not meet the stated income limits and cannot pay your bill, Burke Rehabilitation Hospital offers installment payment plans.

What documents do I need?

You need to provide a Photo I.D. and

your previous year's tax return.

What services are covered?

All medically necessary services provided by Burke Rehabilitation Hospital are covered by the discount. This includes outpatient services, and inpatient admissions. Charges from private doctors who provide services in the hospital may not be covered. You should talk to private doctors to see if they offer a discount or payment plan.

How do I get the discount?

You have to fill out the application form. As soon as we have proof of your income, we can process your application for a discount according to your income level.

You can apply for a discount before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail.

Send the completed form to Burke Rehabilitation Hospital, 785 Mamaroneck Ave., White Plains, NY 10605, Attn: Patient Financial Department or bring it to Room 201 in the Alexander Building. You have up to 90 days after receiving services to submit the application.

The Hospital also uses presumptive eligibility to assist in charity care determination in the absence of completed financial assistance applications. Presumptive eligibility may be based on prior FAP eligibility or the Hospital may use enrollment in certain specified means-tested public programs to presumptively determine that individuals are FAP eligible, including homelessness, FAP eligibility at an affiliate healthcare facility, or eligibility in other state or local assistance programs.

How will I know if I was approved for the discount?

Burke Rehabilitation Hospital will send you a letter within 30 days after completion and submission of documentation, telling you if you have been approved and the level of discount received.

What if I receive a bill while I'm waiting to hear if I can get a discount?

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.