

Plain Language Financial Assistance Policy

At Hackensack Meridian Health, we are deeply committed to ensuring that all patients have access to necessary medical care, regardless of their ability to pay. We maintain a long-standing policy of providing financial assistance to eligible individuals who receive services at our hospitals and are experiencing financial hardship. This commitment reflects our core values of compassion, equity, and inclusion, and applies to all patients regardless of age, gender, race, national origin, socioeconomic status, sexual orientation, or religious affiliation.

Scope

The HMM Hospitals Corporation (“Hospitals”) Financial Assistance Policy and Financial Assistance Policy (Charity Care/ Medicaid (hereinafter, together, “FAP”) exists to provide eligible patients partially or fully-discounted emergency or other medically necessary health care services provided by HMM Hospitals Corporation. Patients seeking Financial Assistance must apply for the program, which is summarized below. This policy applies to the following entities:

- Bayshore Medical Center
- HMM Carrier Behavioral Health
- Hackensack Meridian LTACH
- Hackensack Meridian JFK Johnson Rehabilitation Institute
- Hackensack Meridian Johnson Rehabilitation Institute at Ocean University Medical Center
- Hackensack Meridian Johnson Rehabilitation Institute at Riverview Medical Center
- Hackensack University Medical Center
- JFK University Medical Center
- Jersey Shore University Medical Center
- Joseph M. Sanzari Children's Hospital
- K. Hovnanian Children's Hospital
- Ocean University Medical Center
- Old Bridge Medical Center
- Palisades Medical Center
- Raritan Bay Medical Center
- Riverview Medical Center
- Southern Ocean Medical Center
- Hackensack Meridian Health and Wellness Center at Eatontown
- Hackensack Meridian Health and Wellness Center at Clark
- The Cancer Center at Totowa

Eligible Services

Emergency or other medically necessary health care services provided by Hospitals and billed by hospitals. The FAP only applies to services billed by Hospitals. 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 complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by Hospitals.

Eligibility Criteria

Income as a Percentage of HHS Poverty Income Guidelines(Income Sliding Scale)		Patient Cost Share as a Percentage of State Medicaid Rate
less than or equal to 200%		0%
greater than 200% but less than or equal to 225%		20%
greater than 225% but less than or equal to 250%		40%
greater than 250% but less than or equal to 275%		60%
greater than 275% but less than or equal to 300%		80%
greater than 300%		100%

Website: An individual can view information about financial assistance online at the following website: <https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance>

How to Apply

FAP and related Application Forms may be obtained as follows:

Application

An individual can apply for financial assistance by completing an initial screening to determine if eligible for financial assistance and/or completing/signing an application. (Note: Financial Assistance Department is hospital specific, so if services were provided at multiple locations, multiple applications must be submitted.) An application is available free of charge by any of the following methods:

Mail, Phone, or In person

By writing to the following address, or stopping by one of the Financial Assistance Department in person, Monday - Friday. Hours vary by location at the below hospitals or by phone:

Bayshore Medical Center (Attn: Financial Assistance Department)

727 N. Beers Street
Holmdel, NJ 07733
732-902-7080

Carrier Clinic Behavioral Health Facility - (Non-Charity Care Facility)

(Attn: Patient Financial Services)

252 County Road 601

Belle Mead, NJ 08502

732-902-7080

Hackensack Meridian Health - Long Term Acute Care Hospital (LTACH) (Non-Charity Care Facility)

(Attn: Financial Assistance Department)

530 New Brunswick Avenue

Perth Amboy, NJ

732-902-7080

Hackensack Meridian JFK Johnson Rehabilitation Institute

(Attn: Financial Assistance Department)

80 James Street, 3rd Floor

Edison, NJ 08818

Patients seen by appointment

732-902-7080

Hackensack Meridian Johnson Rehabilitation Institute at Ocean University Medical Center (Attn: Financial Assistance Department)

425 Jack Martin Boulevard

Brick, NJ 08724

732-902-7080

Hackensack Meridian Johnson Rehabilitation Institute at Riverview Medical Center

(Attn: Financial Assistance Department)

1 Riverview Plaza

Red Bank, NJ 07701

732-902-7080

Hackensack University Medical Center

100 First Street, Suite 300

Hackensack, NJ 07601

732-902-7080

Jane H Booker Family Health Center

1828 W Lake Avenue #202

Neptune, NJ, 07753

732-902-7080

Jersey Shore University Medical Center

1945 Route 33

Neptune, NJ, 07753

732-902-7080

JFK University Medical Center (Attn: Financial Assistance Department)

80 James Street, 3rd Floor
Edison, NJ 08818
Patients seen by appointment
732-902-7080

Ocean University Medical Center (Attn: Financial Assistance Department)

425 Jack Martin Boulevard
Brick, NJ 08724
732-902-7080

Old Bridge Medical Center (Attn: Financial Assistance Department)

One Hospital Plaza
Old Bridge, NJ 08857
732-902-7080

Palisades Medical Center (Attn: Financial Assistance Department)

7600 River Road
North Bergen, NJ, 07047
732-902-7080

Raritan Bay Medical Center (Attn: Financial Assistance Department)

530 New Brunswick Avenue
Perth Amboy, NJ
732-902-7080

Riverview Medical Center (Attn: Financial Assistance Department)

1 Riverview Plaza
Red Bank, NJ 07701
732-902-7080

Southern Ocean Medical Center (Attn: Financial Assistance Department)

1140 Route 72 W
Manahawkin, NJ 08050
732-902-7080

A Charity Care application can also be printed off the Hackensack Meridian Health website by clicking on <https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance>

Available Languages

The Financial Assistance Policy, application, and plain language summary are available in the primary language of any populations with limited proficiency in English (“LEP”) that constitute the lesser of five (5%) percent or 1,000 individuals within the primary service area served by Hospitals.

Summary of the Application Process

- Patient completes a written application that requests household income, household

assets, family size

- Proof of residency is required in the form of NJ driver's license, utility bill, or other support letter.
- Application is reviewed for completeness and accuracy.
- Request is made to the patient for any missing information
- Application approval or denial is sent.

Completed applications can be sent to the Financial Assistance Department to one of the addresses above.

Determination of Financial Assistance Eligibility - Generally, Persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 600% 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 determined if income is up to 500% of FPG.

Note - Other criteria beyond FPG are also considered (e.g., 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. Hospitals' Financial Assistance Department reviews submitted applications which are complete and determines Financial Assistance Eligibility in accordance with Hospitals' Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information. (Note: Financial Assistance Department is hospital specific, so if services were provided at multiple locations, multiple applications must be submitted.)

Assistance can be obtained by phone or by stopping by the Financial Assistance Department (Monday thru Friday, 8:00 AM-4:00 PM) located at the address listed above.