



Financial Assistance Program: Policy Summary

ASSISTANCE OFFERED UNDER THIS POLICY:

Wentworth-Douglass Hospital and Wentworth-Douglass Physician Corporation patients approved for Financial Assistance receive 100% coverage for emergency and other medically necessary services. Dental Center patients are required to pay a flat \$35 visit fee before receiving dental services at each visit. Some dental services will require additional out-of-pocket expenses. Financial assistance adjustments are taken after insurance claim adjudication, if applicable.

Elective procedures will not be covered under financial assistance. For these non-covered services, individuals who are otherwise eligible for financial assistance under this Policy will receive a discount equal to amounts generally billed.

HOW TO APPLY or OBTAIN COPIES OF POLICY & APPLICATION

Financial Assistance Representatives are available to assist with any questions regarding the Financial Assistance Application Process and/or Policy.

**All Financial Assistance documents are available in English, Spanish and Indonesian*

IN PERSON: Paper copies are available at Wentworth-Douglass Hospital & Wentworth-Douglass Physician Corporation Practices, as well as the Financial Assistance Office: Wentworth-Douglass Business Systems Building, 121 Broadway

Avenue, Dover, NH 03820. *Office Hours:* Monday-Friday 8:00am – 4:00pm

ONLINE: Electronic Copies are available to the public free of charge, to view and/or print, on the Hospital Website: www.WDHospital.com.

BY MAIL: To request these documents be sent by mail, free of charge, call the Financial Assistance Office at (603) 740-3234.

Basic Eligibility Guidelines:

Income: See chart below for income eligibility guidelines.

Wentworth Douglass Hospital Financial Assistance Income Guidelines			
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	WDH/WHP GROSS ANNUAL INCOME GUIDELINES 250% x FPL	DENTAL CENTER INCOME GUIDELINES 300% x FPL
1	\$12,140	\$ 30,350.00	\$ 36,420.00
2	\$16,460	\$ 41,150.00	\$ 49,380.00
3	\$20,780	\$ 51,950.00	\$ 62,340.00
4	\$25,100	\$ 62,750.00	\$ 75,300.00
5	\$29,420	\$ 73,550.00	\$ 88,260.00
6	\$33,740	\$ 84,350.00	\$ 101,220.00
7	\$38,060	\$ 95,150.00	\$ 114,180.00
8	\$42,380	\$ 105,950.00	\$ 127,140.00
Add additional \$4,320 for any family members over 8			
* Figures obtained from Federal Register *			

Assets: Individual household limit is \$15,000. Household greater than one, limit is \$30,000.

Effort to Obtain Insurance: Applicants must show proof that efforts have been exhausted to obtain insurance coverage.