



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.org.

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 Effective 4/1/19:

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	\$12,490	\$ 31,225.00	\$ 37,470.00
2	\$16,910	\$ 42,275.00	\$ 50,730.00
3	\$21,330	\$ 53,325.00	\$ 63,990.00
4	\$25,750	\$ 64,375.00	\$ 77,250.00
5	\$30,170	\$ 75,425.00	\$ 90,510.00
6	\$34,590	\$ 86,475.00	\$ 103,770.00
7	\$39,010	\$ 97,525.00	\$ 117,030.00
8	\$43,430	\$ 108,575.00	\$ 130,290.00
Add additional \$4,420 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.