



NIAGARA FALLS
Memorial Medical Center
Exceptional care, exceptionally close.

FINANCIAL ASSISTANCE PROGRAM – PLAIN LANGUAGE SUMMARY

Niagara Falls Memorial Medical Center offers Financial Assistance under a Financial Assistance Program to eligible individuals, providing partially or fully discounted emergent or medically necessary hospital care to eligible individuals and families.

You can obtain an application and additional information from any of the sources below:

1. Phone a Financial Counselor at (716) 278-4112 between the hours of 8:00am and 4:00pm or (716) 278-4026 between the hours of 10:00am and 8:00pm. A confidential voicemail is in place for off-hours.
2. Download the application from the hospital website at www.nfmcc.org
3. Write to the Financial Counselor at Niagara Falls Memorial Medical Center, 621 Tenth Street, Niagara Falls, NY 14301 or email FinancialCounselors@nfmcc.org
4. Visit a Financial Counselor office at the 1st floor of main campus across from the information desk, or ER1 emergency room at end within enclosed glass.

Determination of Eligibility for the Financial Assistance Program is made based on review of a completed application, supporting documents, including proof of income and assets. Patients and Families who are not eligible for discounts may participate in an established payment plan. Individuals will not be charged more than the amounts generally billed for emergency and other medically necessary care.

Translation of the Financial Assistance Program are available through Cyacom Phone System.

In order to make our patients, families and the community aware of the Hospital's Financial Assistance Program, the Hospital has ensured that this information is available by posting of signage, development of this statement, and distribution of informational brochures. Please contact Financial Counseling at the address or phone number listed above if you need additional information or have questions.

**Niagara Falls Memorial Medical Center Sliding-Fee Scale Discount
Schedule Based on Federal Poverty Level (FPL) established yearly by
U.S. Department of Health and Human Services 2020**

Amount or Percentage of Fee Patient Pays

<u>ANNUAL INCOME</u>						
	\$0 Fee	20%	40%	60%	80%	100%
<u>Number in Family</u>	<u>Income up to 100% FPL</u>	<u>Income up to 125% FPL</u>	<u>Income up to 150% FPL</u>	<u>Income up to 175% FPL</u>	<u>Income up to 200% FPL</u>	<u>Income Greater than 200% FPL</u>
1	\$12,760	\$15,950	\$19,140	\$22,330	\$25,520	\$25,520
2	\$17,240	\$21,550	\$25,860	\$30,170	\$34,480	\$34,480
3	\$21,720	\$27,150	\$32,580	\$38,010	\$43,440	\$43,440
4	\$26,200	\$32,750	\$39,300	\$45,850	\$52,400	\$52,400
5	\$30,680	\$38,350	\$46,020	\$53,690	\$61,360	\$61,360
6	\$35,160	\$43,950	\$52,740	\$61,530	\$70,320	\$70,320
7	\$39,640	\$49,550	\$59,460	\$69,370	\$79,280	\$79,280
8	\$44,120	\$55,150	\$66,180	\$77,210	\$88,240	\$88,240

**For family units with more than 8 members, add \$4,480 for each
additional member.**

Source: <https://aspe.hhs.gov/poverty-guidelines>

Thank you for entrusting Niagara Falls Memorial Medical Center with your health care needs.

Financial Aid Policy Plain Language Addendum

Eligibility is determined by using the sliding fee scale based on family size and income.

Using the chart starting with the number of members in a family in the first column and moving across according to the income to determine the percentage of the discount of the patient's remaining balance.

For example: If a family of 2 makes \$20,000 they fall between the 100-80% column qualifying them for a discount of 80% off of the remaining balance.