Rutland Regional Medical Center Financial Assistance Program Summary

Our Financial Assistance Program helps patients get emergency and/or medically necessary care. It does this by giving eligible patients either free care or a discount on their bill.

What is the Financial Assistance Program?

We give free and low-cost care to people at Rutland Regional Medical Center (RRMC). It is for people who are uninsured and people who have insurance with out-of-pocket costs. It can be used for ongoing care and emergencies. The care must be medically necessary for your health.

Who Can Get Financial Assistance?

- Your income must be less than the limit. There are different incomes for free or discounted care. (See chart below)
- Your "liquid" resources must be less than the limit. These are cash, checking, and savings accounts, etc. (Your primary home, car, and retirement accounts will NOT count against you.)

| 2024 Financial Assistance Program Income Limits | | | |
|---|--|---------------|--------------|
| Household Size | Up to 300% of the Federal Poverty Limit ("FPL") | 301%-400% FPL | 401-500% FPL |
| 1 | \$45,180 | \$60,240 | \$75,300 |
| 2 | \$61,320 | \$81,760 | \$102,200 |
| 3 | \$77,460 | \$103,280 | \$129,100 |
| 4 | \$93,600 | \$124,800 | \$156,000 |
| 5 | \$109,740 | \$146,320 | \$182,900 |
| 6 | \$125,880 | \$167,840 | \$209,800 |
| 7 | \$142,020 | \$189,360 | \$236,700 |
| 8 | \$158,160 | \$210,880 | \$263,600 |
| Discount | 100% | 75% | 50% |

^{*}Applicants may be denied when liquid assests are more than 400% of the FPL

Healthy You. Healthy Together.

Catastrophic Care

Ask us about catastrophic care if you owe the hospital a lot of money, but your income is too high to qualify for our program under low-cost or free care. It is for patients with income that is less than 600% of the Federal Poverty Level and owe more than 20% of their annual income to RRMC for out-of-pocket costs.

How Can I Apply?

You can apply before or after you get services. If you apply after you get services, you must do this within eight (8) months of your first statement. Follow these steps:

- 1. Get a free application:
 - In person: Financial Counseling on the 1st floor of RRMC
 - **Online:** https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/
 - By mail: call 802.747.1648 and ask us to mail you a copy for free
- 2. Fill out the application
- 3. Give or send us your finished application with required documents:
 - **Drop it off in person at:** Financial Counseling on the first floor
 - **Mail it to:** Financial Counseling, 160 Allen St., Rutland, VT, 05701 (postage paid envelopes are available)

How Will I Know if I've Been Approved?

• You will get a letter from us 30 days after we receive the completed application. The letter will tell you if you have been approved or denied or if we need more information. If it has been more than 30 days or you have any questions, please call us at 802.747.1648 and we are happy to assist you.

Need Help?

- **Visit our Financial Counseling office:** Located on the 1st floor of RRMC, here you can speak with a counselor for free help filling out the application
- Call the Financial Counseling office for help: 802.747.1648
- **Email us:** patientaccounts@rrmc.org

Free Language Support

We provide free help to anyone who may have a communication or language need. We can provide
interpretation and translation support or help those who may need this information in different ways. Please tell
us if you need language support.

More Information

Who accepts financial assistance?

- Everyone who works for the hospital accepts financial assistance. There are a few people and groups that can give people services at the hospital that do not accept it. You can find the list here:
 https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/eligible-providers/
 Or ask us about your medical provider.
- Read our full policy at: https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/

Non-Discrimination

RRMC does not discriminate based on race, color, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information.