



FINANCIAL ASSISTANCE SUMMARY

Oneida Health recognizes there are times when patients in need of care will have difficulty paying for the services provided. Oneida Health's Financial Assistance Program provides discounts to qualifying individuals based on your income. For free, confidential assistance, contact our Financial Counselor between the hours of 8:00am-4:00pm Monday – Friday at (315) 361-2230. You can find information about the program and download an application at <https://www.oneidahealth.org/financial-assistance/>. Free copies of the application can be obtained at any of Oneida Health's outpatient clinics, as well as from the Financial Counselor located in our Registration area and the Business Office. Any individual who qualifies for financial assistance cannot be charged more than the amounts generally billed for emergency or other medically necessary cases.

Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes, no insurance, those who are under insured, and to patients with high deductibles or co-insurance amounts.

Everyone in New York State who needs emergency services, non-emergency or medically necessary services at Oneida Health are eligible for a discount if they meet the income levels. You cannot be denied medically necessary care because you need financial assistance. You may apply for a discount regardless of immigration status.

How do I get the discount?

You must complete the application and provide the necessary proof of income. Once the application and necessary proof of income are received, we can process the application for a discount according to your income level. You can apply before you have an appointment, when you come to the hospital for care or when you receive the bill in the mail. Send the completed application with proof of income within 120 days of receiving your first bill to:

Oneida Health
321 Genesee St., Oneida, NY 13421
Attention: Financial Counselor

How will I know if I was approved for the discount?

The Financial Counselor will send you a letter within 30 days after the application is processed and required proof of income is received advising you if you have been approved and the amount of the discount.

What if I receive a bill while waiting to hear if I can get a discount?

You are not to pay a hospital bill while application is being considered.

What are the income limits?

The amount of the discount varies based on your financial income and size of your family as compared to the US Federal Poverty Guidelines.

Household size	Percent Income to Poverty Level												
	100%		133%		150%		200%		250%		300%		400%
	At Least	Up to	At Least	Up to	At Least	Up to	At Least	Up to	At Least	Up to	At Least	Up to	At least and greater than
1	\$12,880	\$17,129	\$17,130	\$19,319	\$19,320	\$25,759	\$25,760	\$32,199	\$32,200	\$38,639	\$38,640	\$51,519	\$51,520
2	\$17,420	\$23,168	\$23,169	\$26,129	\$26,130	\$34,839	\$34,840	\$43,549	\$43,550	\$52,259	\$52,260	\$69,679	\$69,680
3	\$21,960	\$29,206	\$29,207	\$32,939	\$32,940	\$43,919	\$43,920	\$54,899	\$54,900	\$65,879	\$65,880	\$87,839	\$87,840
4	\$26,500	\$34,244	\$35,245	\$39,749	\$39,300	\$52,999	\$53,000	\$66,249	\$66,250	\$79,499	\$79,500	\$105,999	\$106,000
5	\$31,040	\$41,282	\$41,283	\$46,559	\$46,020	\$62,079	\$62,080	\$77,599	\$77,600	\$93,119	\$93,120	\$124,159	\$124,160
6	\$35,580	\$47,320	\$47,321	\$53,369	\$60,179	\$71,159	\$71,160	\$88,949	\$88,950	\$106,739	\$106,740	\$142,319	\$142,320
7	\$40,120	\$53,359	\$53,360	\$59,459	\$66,989	\$80,239	\$80,240	\$100,299	\$100,300	\$120,359	\$120,360	\$160,479	\$178,640
8	\$44,660	\$59,397	\$59,398	\$66,179	\$66,180	\$89,319	\$89,320	\$111,649	\$111,650	\$133,979	\$133,980	\$178,639	\$176,480
Sliding Scale Discount	100%	100%	89%	89%	79%	79%	69%	69%	59%	59%	49%	49%	0%

What Language Translations are available?

- Spanish
- Chinese
- Russian
- Italian
- Korean
- French/Haitian Creole

Where can I find information about financial assistance offered by the contracted providers?

A list of contracted providers and their billing office contact information can be found by visiting the following link our website <https://www.oneidahealth.org/wp-content/uploads/OHC-Contracted-Services-6-2019.pdf>. All entities contracted with Oneida Health are responsible to establish their own financial assistance policies, except as noted.

What if my application is denied?

If your application is denied, the hospital will tell you why in writing within 20 days and will provide you with a way to appeal if you disagree with the decision.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.