

Saint Barnabas Behavioral Health Center	
Department: Patient Financial Services	
Title of Policy: Financial Assistance Policy Plain Language Summary	
Effective Date: January 1, 2016	Page Number: 1 of 1
Approved Date: Revision Date:	Approved by:

Purpose Statement:

To ensure that all eligible patients receive emergency and other medically necessary healthcare services provided by at partially or fully discounted rates.

Financial Assistance Policy – Plain Language Summary:

The Saint Barnabas Behavioral Health Center Financial Assistance Policy (“FAP”) exists to provide eligible patients partially or fully discounted emergent or medically necessary health care. Patients, or the financially responsible individual, seeking financial assistance must complete an application for financial assistance which is summarized below.

Eligible Patients/Services:

The following are a brief description of eligible patients and services. Eligible services will include all emergency and medically necessary healthcare services provided by Saint Barnabas Behavioral Health Center with some exceptions by provider as noted in the full policy. Eligible patients include all patients who submit a financial assistance application (including required documentation) who are determined to be eligible for financial assistance.

How to Apply:

The FAP, FAP Plain Language Summary and Financial Assistance Applications can be obtained as follows: 1). Download a copy via the internet at www.rwjbh.org. 2). Request a copy at any point of registration within the hospital campus. 3). Contact customer service at 1-877-221-7809. The application may be submitted in person or via mail. You may also contact the hospital directly as noted below.

Saint Barnabas Behavioral Health Center	732-914-1688
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Determination of Eligibility:

Generally, patients are eligible for financial assistance through Saint Barnabas Behavioral Health Center based on their income level as it relates to the Federal Poverty Levels.

- Family income of 300% or less than the Federal Poverty level – Full Financial Assistance \$0 billable.
- Family income of 300% to 500% of Federal Poverty level – Lesser of 110% of Medicare or AGB is maximum billable.

The FAP and FAP application and FAP plain language summary is also translated into other languages based on the residents of the community served by the hospital represents 5% or 1,000; whichever is less, of the population of individuals likely to be affected or encountered by the Hospital. Translated versions are available as noted above under “How to Apply”.