

Financial Assistance: Plain Language Summary

Littleton Regional Healthcare (LRH) has a program for patients not able to pay their bill for emergency and medically necessary care. If you qualify, you may get free or discounted care. First, you need to try other payment options. The full application spells this out. Our Financial Counselor can help you fill out the forms. She can also help you sign up for coverage through the Health Insurance Exchange.

Can I apply?

If you answer “Yes” to **all** of these statements, you may apply.

- You’ve tried other payment options.
- Your household income is at or below 300% of this year’s Federal Poverty Guidelines (see chart).*
- You give us information re: family size, assets, where you live, other medical bills.
- You complete your application within 8 months of your first statement after discharge from the hospital.
- You are getting your care from a provider employed by LRH.**

Click Here for a list of LRH Providers

- Your care was for an emergency and/or medically necessary.

• *2018 Federal Poverty Level Chart	
• Family/Household Size	• 300% of Poverty Guideline
• 1	• \$36,420.00
• 2	• \$49,380.00
3	\$62,340.00
4	\$75,300.00
Add \$12,960.00 for each additional family/household member.	

How Do I apply?

- * In person @ LRH at the Patient Financial Services (PFS) office. PFS is on the ground floor near the cafeteria. Walk past the elevators and take a right.
- * Or call our Financial Counselor at 603-444-9560.
- * Or visit the LRH volunteer desks, Emergency Department, or clinic offices. Ask for a Financial Assistance application.
- * Or go online to http://littletonhealthcare.org/pdf/LRH_Financial_Assistance_Application.pdf.

Other Info

- * The Financial Counselor will send you free copies of the Financial Assistance Policy and Application.
- * We have an interpreter service if you use a language other than English.
- * You may call our Financial Counselor at 603-444-9560 with your questions.
- * **For emergency or other medically necessary care**, we will charge you no more than the amount generally billed (AGB) to patients with Medicare or other private insurance.