

***Stamford Hospital offers a financial assistance program that assists qualified patients who are uninsured or underinsured. The Financial Assistance Policy covers only emergency and medically necessary services, including Hospital services and some services provided by certain physicians and other employees of the Hospital. The hospital is committed to providing medical services to this community regardless of their ability to pay.***

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## FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

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### **Financial Assistance Program (FAP)**

In order to meet the financial criteria your annual household income must not exceed four times the current Federal Poverty Guidelines.

### **How to Apply:**

Anyone requesting Financial Assistance must complete an application.

Copies of our Financial Assistance Summary, Financial Assistance Policy and Application Forms are available at our website, <https://www.stamhealth.org/patients-visitors/fap/>

You may also request a copy of the Financial Assistance Policy and an application (available free of charge by mail) or request assistance with your application by emailing our Customer Service Department at [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org) or by calling Customer Service at (203) 276-7572 or by fax at (203) 276-7093 or in-person at:  
Stamford Health  
One Hospital Plaza  
Stamford, CT 06902

### **We Offer the Financial Assistance Policy, Application and Policy Summary in the following languages:**

English, Spanish, Chinese, Creole, French, Greek, Hindi, Italian, Polish and Russian available upon request or on our website – <https://www.stamhealth.org/patients-visitors/fap/>

### **Independent Providers who may not participate in our Financial Assistance Program:**

Some *physicians, clinicians or Radiologists, Anesthesiologists, Pathologists, Ambulance Services and some Surgeons* who assist in your care at Stamford Health may not participate in our Financial Assistance Program. For a list of these providers, please view or download our FAP policy or contact us at (203) 276-7572.

### **Free Bed Funds:**

You may be eligible to receive restricted free bed funds donated to the hospital for specific treatments and departments. You may contact us at (203) 276-7572 to determine availability.

### **Limit on Charges:**

FAP eligible individuals will not be charged more than the amounts generally billed for care provided to individuals who have insurance coverage.

*FAP Applications may be denied if patients are eligible for other funding sources or coverage such as Health Insurance Exchange (QHP), Workers Compensation, Liability, Motor Vehicle Accident (MVA) or Medicaid but are unwilling to apply for or refuse these benefits.*