

**Jefferson Health New Jersey
Financial Assistance Policy – Plain Language Summary**

The Financial Assistance Policy (“FAP”) of Jefferson Health New Jersey (“JHNJ”) exists to provide financial assistance to patients who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within JHNJ are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to Appendix A of JHNJ’s FAP for a list of providers that provide healthcare services within the hospital facility and whether or not they are covered under the FAP.

Eligible Patients: Patients receiving eligible services, who satisfy the eligibility criteria and submit a completed financial assistance application including all required documentation.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:

- Download the documents from the following website: <https://www.kennedyhealth.org/patients/preparing-your-visit/financial-assistance>
- Request documents be mailed to you, by calling the Admissions Office at the following hospital locations:

Jefferson Cherry Hill Hospital (856) 922-5115	Jefferson Stratford Hospital (856) 346-7810	Jefferson Washington Township Hospital (856) 582-2638
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- Paper copies are available, free of charge, at the Admissions Office at the following hospital locations:

Jefferson Cherry Hill Hospital 2211 Chapel Ave West Cherry Hill, NJ 08002	Jefferson Stratford Hospital 18 East Laurel Road Stratford, NJ 08084	Jefferson Washington Township Hospital 435 Hurffville-Cross Keys Road Turnersville, NJ 08012
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- Patients may schedule an appointment with a Financial Representative for assistance in completing an Application. If a patient chooses to complete an Application individually, they should mail the completed Application (with all required supporting documentation) to the appropriate hospital facility at the addresses above.

Financial Assistance Eligibility: Generally, uninsured and underinsured patients may be eligible for full financial assistance when their family gross income is less than or equal to 200% of the Federal Poverty Level (“FPL”). Additionally, all uninsured patients are eligible for partial financial assistance. Financial assistance levels, based solely on FPL are:

- Family gross income less than or equal to 200% of FPL;
Full financial assistance; \$0 is billable to the patient.
- Family gross income greater than 200% but less than or equal to 300% of FPL;
Partial financial assistance; lesser of Charity Care or AGB.
- Family gross income greater than 300% but less than or equal to 500% of FPL;
Partial financial assistance; lesser of NJ Uninsured Discount or AGB.

- Uninsured Patients;
Partial financial assistance; lesser of JHNJ Uninsured Discount or AGB.

Note: Other criteria beyond FPL may also be considered (i.e. asset thresholds, residency status, insurance status), which may result in exceptions to the preceding. JHNJ Financial Representatives review submitted applications, and determine financial assistance eligibility in accordance with the FAP.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed (“AGB”) for emergency or other medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English (“LEP”) that constitutes the lesser of 1,000 individuals or 5% of the community served by JHNJ.

For help, assistance or questions please call our Financial Assistance Coordinator and/or Financial Representatives: (1) JHNJ Financial Assistance Coordinator (856) 346-7873; (2) Jefferson Cherry Hill Hospital Representative (856) 922-5115; (3) Jefferson Stratford Hospital Representative (856) 346-7810; or (4) Jefferson Washington Township Hospital Representative (856) 582-2638.