

Eleanor Slater Hospital  
Financial Assistance Policy – Plain Language Summary

The Eleanor Slater Hospital Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted medically necessary healthcare services provided by Eleanor Slater Hospital. Patients seeking Financial Assistance must apply for the program, which is summarized below.

**Eligible Services** – Healthcare services that are provided by ESH that are considered medically necessary. Other services which are billed separately by other providers, such as physicians or laboratories, are not eligible for the financial assistance program.

**Eligible Patients** – Patients who receive medically necessary healthcare services, who have submitted a complete Financial Assistance Application (including related documentation/information), and who have been determined eligible for financial assistance by Eleanor Slater Hospital.

**How to Apply** – The Financial Assistance Policy and the Application Form for financial assistance may be obtained/completed/submitted as follows:

- The policy and application form may be requested by calling the financial services office at 401-462-1795 or by mail or by visiting the following ESH Hospital Facility location:
  - Barry Hall, 14 Harrington Road, Cranston, RI 02860
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- All documents may also be downloaded from Eleanor Slater Hospital's website: [www.bhddh.ri.gov](http://www.bhddh.ri.gov)
- Completed applications with all documentation/information requested in the application instructions should be mailed delivered ( ) to the Eleanor Slater Hospital at. (Address should go here with Attn: (fill in the division (financial?))
- **Determination of Financial Assistance Eligibility** – Generally, patients are eligible for financial assistance, using a sliding scale, when their family income is at or below 300% of the Federal Government's Federal Poverty Guidelines (FPG). If you are found to be eligible for financial assistance the cost of the medically necessary services provided by ESH will be partially or fully covered Financial Assistance levels, based solely on Family Income and federal poverty guidelines, are:
  - If your family income is 0 to 200% of FPG, you may qualify for full financial assistance; and you will not be billed.
  - If your family income is 201-300% of FPG, you may qualify for partial financial assistance and you may be billed for part of the cost of your care.

**Note:** Other criteria beyond the federal poverty guidelines may also be considered, including availability of cash or other assets that may be converted to cash, and excess monthly income relative to monthly household expenditures, which may result in exceptions to the eligibility criteria above. If no family income is reported, information will be required as to how daily needs are met. Eleanor Slater Hospital reviews submitted applications which are complete and determines Financial Assistance Eligibility in accordance with Eleanor Slater Hospital's Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given the opportunity to furnish the missing documentation/information.

Eleanor Slater Hospital also translates the financial assistance policy, the application form, and the plain language summary of its financial assistance policy in other languages wherein the primary language of the residents of the community served by Eleanor Slater Hospital represents 5 percent or 1,000; whichever is less; of the populations of individuals likely to be affected or encountered by Eleanor Slater Hospital. Translated versions are available upon request in person or at the address below; and on Eleanor Slater Hospital's website.

For help, assistance or questions please visit or call: Eleanor Slater Hospital's Patient Financial Services Department at 462-1795; or visit us in person in Barry Hall located at 14 Harrington Road, Cranston, RI 02860. Monday through Friday from 8:00am-4pm.