



## FINANCIAL ASSISTANCE ELIGIBILITY SUMMARY

### WHO CAN APPLY

- The Financial Assistance Program (FAP) policy provides free or discounted care for those who have tried all other payment options, and:
  - Have gross household income including some assets at or below 400% of the current year’s Federal Poverty Guidelines (see chart).
  - Have insurance or have visited our emergency department.
  - Have submitted a properly completed application within 8 months of the first post-discharge statement, that has not gone to bad debt.

<b>2024-2025 FEDERAL POVERTY LEVEL CHART</b>	
<b>Persons in Family/Household</b>	<b>400% of Poverty Guideline</b>
1	\$60,240
2	\$81,760
3	\$103,280
4	\$124,800
5	\$146,320
6	\$167,840
7	\$189,360
8	\$210,880

For families/households with more than 8 persons, add \$5,380 for each additional person

### FOR FREE COPIES OF THE POLICY AND/OR APPLICATION

- Refer to How to Receive an application/policy and/or apply
- Interpreter services for other languages are available

### HOW TO RECEIVE AN APPLICATION/POLICY and/or APPLY

- By calling the FAP office for an application to be mailed: (603) 924-1717
- By visiting MCH and requesting an FAP application
- By going online to print the FAP application: <https://monadnockcommunityhospital.com/financial-services/financial-assistance/>
- Dropping application and documentation off at the Switchboard located at the Main Entrance
- Faxing an FAP application and documentation to: (603) 924-1709
- Mailing an FAP application and documentation to:

Monadnock Community Hospital  
ATTN: FAP  
452 Old Street Rd.  
Peterborough, NH 03458

### ADDITIONAL INFORMATION

- Offices and physicians that accept the FAP are those which are MCH-owned.
- The FAP can only be applied toward medically necessary services.
- No patient with FAP will be charged more than other patients would normally be charged; Amount Generally Billed (AGB) for Fiscal Year 2024 is 51%.
- If you have any questions, contact the FAP office directly at (603) 924-1717