



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 household income at or below 400% of the current year’s Federal Poverty Guidelines (see chart). Certain assets such as bank accounts or home equity may count toward this amount.
 - Have insurance or have visited our emergency department.
 - Have submitted a properly completed application within 8 months of the first post-discharge statement.
- Financial Assistance staff members are available to help you complete the application. They can also help you sign up for coverage through the Health Insurance Exchange.

HOW TO APPLY

- In person at the MCH main campus, located at:
452 Old Street Rd
Peterborough, NH 03458
- By calling the FAP office:
(603) 924-1717
- By visiting the MCH information desk or emergency department
- By going online to: www.mchfinancialassist.org

FOR FREE COPIES OF THE POLICY AND APPLICATION

- Use the contacts listed above.
- Interpreter services for other languages are available.

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 2017 is 45%.
- If you have any questions, contact the FAP office directly at (603) 924-1717

2017 FEDERAL POVERTY LEVEL CHART	
Persons in Family/Household	400% of Poverty Guideline
1	\$48,240
2	\$64,960
3	\$81,680
4	\$98,400
For each additional family/household member add \$4,160	