



## EXETER HOSPITAL PATIENT ACCOUNTS

7 Holland Way Second Floor Exeter, NH 03833 603.580.6627 Fax: 603.580.7946 Email: [ehfinancialreps@ehr.org](mailto:ehfinancialreps@ehr.org)

### Plain Language Summary of Financial Assistance Policy (FAP)

#### Overview

If you do not have insurance, or your health insurance did not cover all of your bill, you may qualify for financial assistance if you live in our service area. A paper application along with supporting documentation is required. If you have insurance, financial assistance does not apply to non-covered services or out of pocket expenses. If you do not have insurance, you must first apply for insurance through state or other programs.

Financial assistance is for your hospital bill. It does not cover any physician services. Financial assistance must be for emergency or medically necessary care. If you qualify, you will not pay more than amounts generally billed to individuals who have insurance.

#### Financial Assistance from Exeter Hospital

You may be able to get financial assistance if:

- You do not have insurance;
- You do not have enough insurance; or
- It will be hard for you to pay the full amount of your bill for our services.

Some care is not covered under the FAP, such as, but not limited to:

- Cosmetic procedures;
- Infertility and surrogacy services;
- Services denied by your insurance company (because, for example, you did not receive the required prior authorization); and,
- Services deemed by your insurance company to be experimental.

#### To Get Assistance under our FAP

- If you do not have insurance, live in one of the towns listed below and your combined income and assets are less than the amount noted below, you may be able to get free care with a copayment.
- If you have insurance, live in one of the towns listed below and your combined income and assets are less than the amount noted below, you may be able to get free care, after insurance has paid its share.

#### Exeter Hospital's Financial Assistance Guidelines (eff. 04/01/2023)

FAMILY SIZE	Combined Income and Assets less than
1	\$46,656
2	\$63,104
3	\$79,552
4	\$96,000
5	\$112,448
6	\$128,896
7	\$145,344
8	\$161,792

**Exeter Hospital's Service Area** – To get assistance, you must live in one of these towns:

Atkinson	Barrington	Brentwood	Candia	Chester
Danville	Deerfield	Durham	East Hampstead	East Kingston
Epping	Exeter	Fremont	Greenland	Hampstead
Hampton	Hampton Falls	Kensington	Kingston	Lee
Madbury	New Castle	Newfields	Newmarket	Newton
Newton Junction	Northwood	North Hampton	Nottingham	Plaistow
Portsmouth	Raymond	Rye	Rye Beach	Sandown
Seabrook	Somersworth	South Hampton	Stratham	West Nottingham

### **Where to Get an Application**

- At any registration desk at Exeter Hospital
- At Exeter Hospital's Patient Accounts Office located at 7 Holland Way, 2<sup>nd</sup> Floor, in Exeter, NH
- Ask for one to be mailed to you by calling Patient Accounts Office at 603-580-6627
- Download an application at <http://www.exeterhospital.com/patients-and-visitors/financial-assistance/>

### **How to Apply**

You can apply for help before receiving services or up to 240 days after you received your first statement. You must submit a complete FAP Application, along with required documents, to the Patient Accounts office located at:

Exeter Hospital - Patient Accounts  
7 Holland Way  
Exeter, NH 03833

### **To Get a Translation**

You can get copies of this summary, the full policy and the application itself in both English and Spanish. You can get other languages through our Language Line. Please call Patient Accounts at **603-580-6627** for more information or to obtain copies.