

**Lopital Stamford ofri yon pwogram èd finansye ki ede pasyan kalifye ki san asirans oswa ki gen asirans ki pa sifi. Règleman Èd Finansye a kouvri sèlman ijans ak sèvis swen medikal ki nesèsè, ki gen ladan sèvis Lopital ak kèk sèvis sèten doktè ofri ak kèk lòt anplwaye nan Lopital la. Lopital la angaje pou founi sèvis medikal pou kominote sa a kèlkeswa kapasite l pou peye.**

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## REZIME ÈD FINANSYE A NAN LANGAJ ÒDINÈ

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### **Pwogram Èd Finansye (Financial Assistance Program, FAP)**

Fason pou reponn ak kritè finansye yo revni anyèl ou nan kay la pa dwe depase kat (4) fwa Direktiv Federal aktyèl la sou Povrete.

#### **Kijan pou Aplike:**

Tout moun ki mande Èd Finansye dwe ranpli yon aplikasyon.

Kopi Rezime Èd Finansye nou an, Politik Èd Finansye ak Fòm Aplikasyon nou yo disponib sou sit entènèt nou an, <https://www.stamhealth.org/patients-visitors/fap/>

Epitou ou ka mande yon kopi Politik Èd Finansye a ak yon aplikasyon (ki disponib gratis nan lapòs) oswa mande èd avèk aplikasyon w lan lè w voye yon imèl bay Depatman Sèvis Kliyan nou an nan [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org) oswa lè w rele Sèvis Kliyan an nan (203) 276-7572 oswa nan faks nan (203) 276-7093 oswa an pèsòn nan: Sèvis Biznis Pasyan (Patient Business Services)  
3001 Summer Street, 2nd Floor  
Stamford, CT 06905

*Yo ka refize Aplikasyon FAP yo si pasyan yo kalifye pou lòt sous finansman oswa pwoteksyon tankou Echanj Asirans Sante (QHP), Konpansasyon pou Travayè, Responsablite, Aksidan Veyikil Amotè (Motor Vehicle Accident, MVA) oswa Medicaid, men yo pa vle fè demann oswa refize avantaj sa yo.*

### **Nou Ofri Politik Èd Finansye a, Rezime Aplikasyon ak Politik la nan lang sa yo:**

Angle, Panyòl, Chinwa, Kreyòl, Franse, Grèk, Hindi, Italyen, Polonè ak Ris disponib sou demann oswa sou sit entènèt nou an – <https://www.stamhealth.org/patients-visitors/fap/>

### **Founisè Endepandan ki pa kapab patisipe nan Pwogram Èd Finansye nou an:**

Gen kèk doktè, klinisyen oswa Radyològ, Anestezis, Patolojis, Sèvis Anbilans ak kèk Chirijyen ki ede nan swen ou nan Stamford Health kapab pa patisipe nan Pwogram Èd Finansye nou an. Pou jwenn yon lis founisè sa yo, tanpri gade oswa telechaje politik FAP nou an oswa kontakte nou nan (203) 276-7572.

### **Fon pou Kabann Gratis:**

Ou ka kalifye pou resevwa fon pou kabann gratis ki gen restriksyon yo bay lopital la pou tretman ak depatman espesifik. Ou ka kontakte nou nan (203) 276-7572 pou detèmine disponiblite.

### **Limit Sou Sa w Dwe Peye:**

Yo p ap fè moun ki kalifye pou FAP yo peye plis pase kantite lajan yo jeneralman fè moun peye pou swen yo bay moun ki gen pwoteksyon asirans.

***Stamford Hospital offers a financial assistance program that assists qualified patients who are uninsured or underinsured. The Financial Assistance Policy covers only emergency and medically necessary services, including Hospital services and some services provided by certain physicians and other employees of the Hospital. The hospital is committed to providing medical services to this community regardless of their ability to pay.***

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## FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

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### **Financial Assistance Program (FAP)**

In order to meet the financial criteria your annual household income must not exceed four times the current Federal Poverty Guidelines.

### **How to Apply:**

Anyone requesting Financial Assistance must complete an application.

Copies of our Financial Assistance Summary, Financial Assistance Policy and Application Forms are available at our website, <https://www.stamhealth.org/patients-visitors/fap/>

You may also request a copy of the Financial Assistance Policy and an application (available free of charge by mail) or request assistance with your application by emailing our Customer Service Department at [CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org) or by calling Customer Service at (203) 276-7572 or by fax at (203) 276-7093 or in-person at: Patient Business Services  
3001 Summer Street, 2nd Floor  
Stamford, CT 06905

### **We Offer the Financial Assistance Policy, Application and Policy Summary in the following languages:**

English, Spanish, Chinese, Creole, French, Greek, Hindi, Italian, Polish and Russian available upon request or on our website – <https://www.stamhealth.org/patients-visitors/fap/>

### **Independent Providers who may not participate in our Financial Assistance Program:**

Some *physicians, clinicians or Radiologists, Anesthesiologists, Pathologists, Ambulance Services and some Surgeons* who assist in your care at Stamford Health may not participate in our Financial Assistance Program. For a list of these providers, please view or download our FAP policy or contact us at (203) 276-7572.

### **Free Bed Funds:**

You may be eligible to receive restricted free bed funds donated to the hospital for specific treatments and departments. You may contact us at (203) 276-7572 to determine availability.

### **Limit on Charges:**

FAP eligible individuals will not be charged more than the amounts generally billed for care provided to individuals who have insurance coverage.

*FAP Applications may be denied if patients are eligible for other funding sources or coverage such as Health Insurance Exchange (QHP), Workers Compensation, Liability, Motor Vehicle Accident (MVA) or Medicaid but are unwilling to apply for or refuse these benefits.*