

斯坦福医院提供一个经济援助计划，用于帮助符合条件的无保险患者或保额不足的患者。本经济援助政策仅承保紧急和必要的医疗服务，包括医院的服务和由医院特定的医生及其他工作人员提供的某些服务。不管其的支付能力如何，医院致力为本社区提供医疗服务。

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## 经济援助简明语言摘要

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### 经济援助计划(FAP)

为了满足财务标准，您的家庭年收入不得超过当前联邦贫困线的四倍。

### 如何申请：

任何请求经济援助的人都必须完成申请。

我们的经济援助摘要、经济援助政策和申请表副本可在我们的网站上取得，  
<https://www.stamhealth.org/patients-visitors/fap/>

您也可以索取经济援助政策的副本和申请表（可通过邮寄免费获得）或通过发送电子邮件至我们的客户服务部  
([CustomerServiceR@stamhealth.org](mailto:CustomerServiceR@stamhealth.org))请求协助您的申请：或致电 (203) 276-7572 或传真至 (203) 276-7093 或亲自前往：

Patient Business Services  
1351 Washington Blvd, 7th Floor  
Stamford, CT 06902

我们提供以下语言的经济援助政策、申请和政策摘要：

可应要求或在我们的网站上提供英语、西班牙语、中文、克里奥尔语、法语、希腊语、印地语、意大利语、波兰语和俄语—  
<https://www.stamhealth.org/patients-visitors/fap/>

可能没有参与我们的经济援助计划的独立提供者：

有些医生、临床医生或放射科医生、麻醉师、病理学家、救护车服务和有些外科医生帮助您在斯坦福卫生院进行护理，他们可能没有参与我们的经济援助项目。有关这些提供商的清单，请查看或下载我们的 FAP 政策或致电 (203) 276-7572 与我们联系。

### 免费床位基金：

您可能有资格获得捐赠给医院用于特定治疗和科室的受限免费床位资金。您可以拨打 (203) 276-7572 与我们联系以确定是否有提供。

### 收费限制：

符合 FAP 资格的个人收取的费用不会超过向有保险承保的个人提供的护理的一般收费金额。

如果患者有资格获得其他资金来源或承保，例如健康保险交易所(QHP)、工伤赔偿、责任、机动车事故(MVA) 或医疗补助 (Medicaid)，但不愿意申请或被拒绝这些福利，则 FAP 申请可能会被拒绝。

***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  
1351 Washington Blvd, 7th Floor  
Stamford, CT 06902

### **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.*