Stamford Health

Stamford (Stamford) offers financial assistance program for patients who are financially struggling or have a low-income status. The program fulfills the needs of patients who have been discharged from the hospital and certain prioritized patients.

The hospital seeks to fulfill the needs of the community by making financial assistance programs available.

Financial assistance program (FAP)

The financial assistance program is designed to meet the needs of patients who do not qualify for other means of support. The program is available to patients who have been discharged from the hospital and certain prioritized patients.

Application process:

The application process for the financial assistance program is the same as filling out a letter. You can download the application forms from our website or contact our customer service department at (203) 276-7572.

Customer Service: CustomerServiceR@stamhealth.org

The department is located at 3001 Summer Street, 2nd Floor Stamford, CT 06905.

We provide financial assistance in various languages, including English, Spanish, Chinese, French, Greek, Hindi, Italian, Polish, and Russian.

Certain providers who do not participate in the financial assistance program:

- Medical, dental, or chiropractic care
- Basic emergency medical services
- Medicaid or Medicare

If you do not qualify for other means of support, you can apply for the financial assistance program through the mentioned channels.

FAP patients who are not eligible for other support sources, such as QHP, non-Medicare, or non-Medicaid, may apply for the program.

If you need any assistance, please contact our customer service department at (203) 276-7572.
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.

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

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/](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 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
- Russian

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.