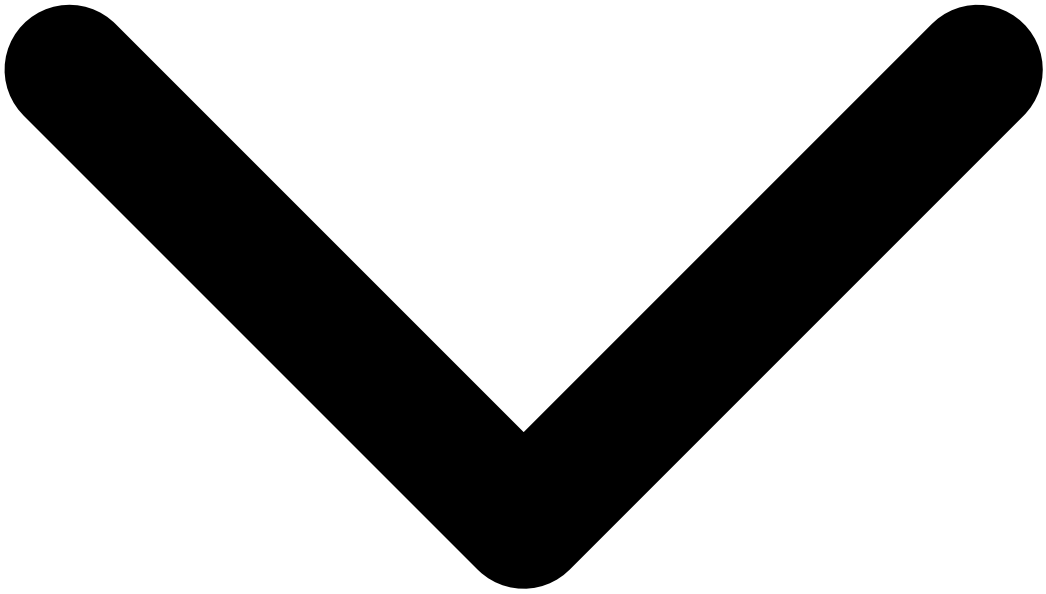
Search our network...

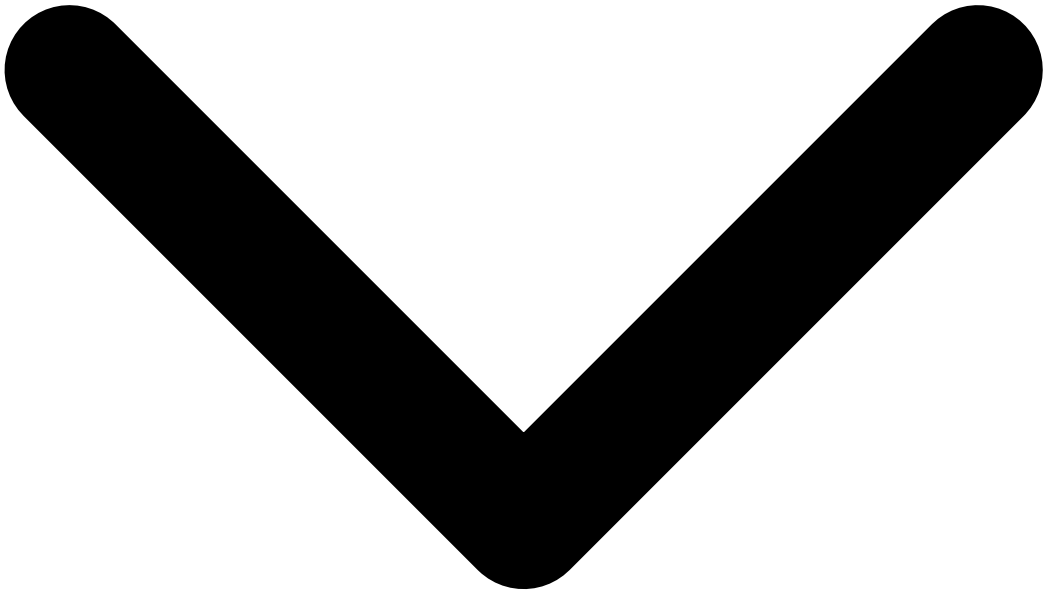
HMH Well/MyChart

Pay Bill

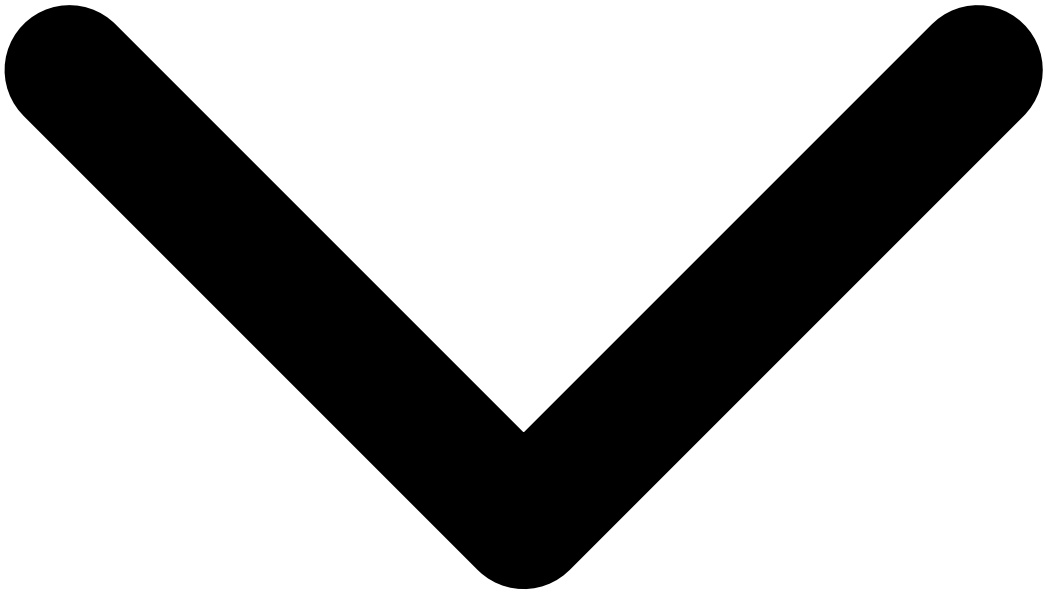
- Find a Doctor
- Find a Location



- Services



- Donate



- 1-844-HMH-WELL

Open main menu



- Find a Doctor
- Find a Location
- Services
- Donate
- 1-844-HMH-WELL

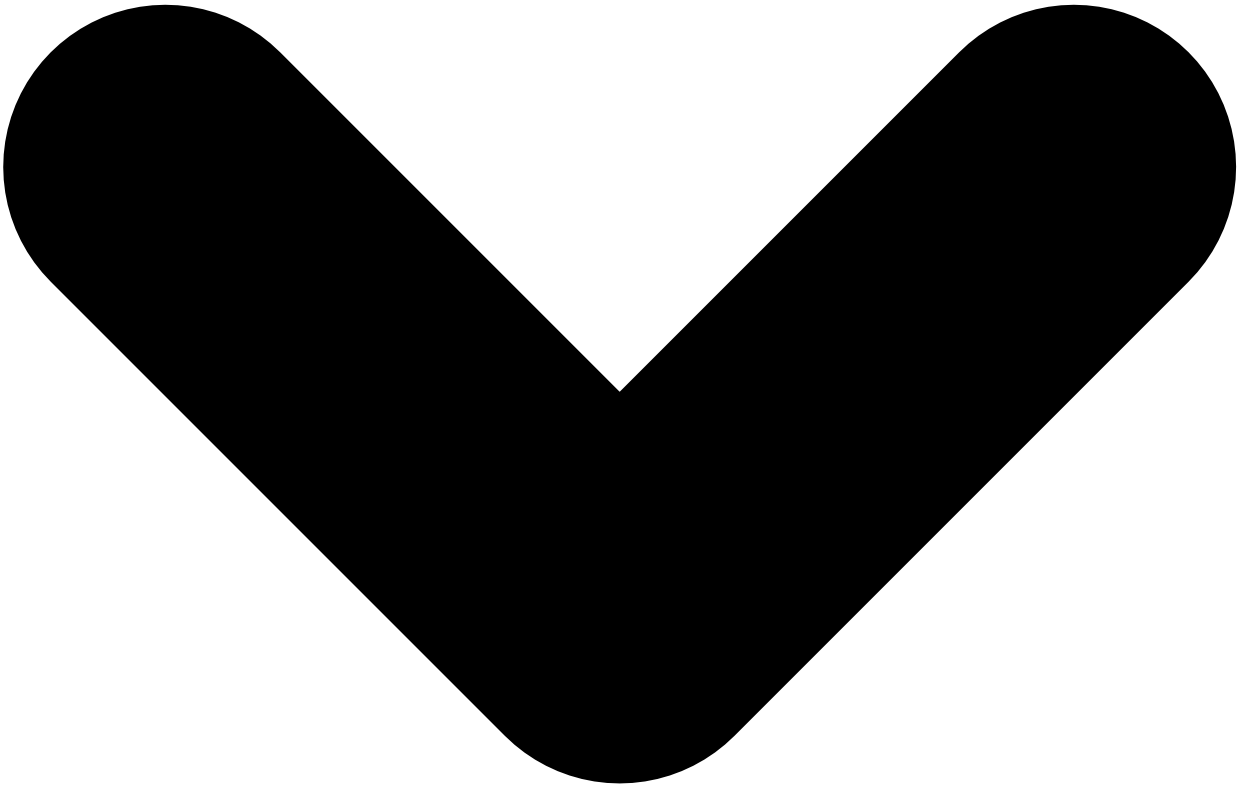




Patient & Visitor Information

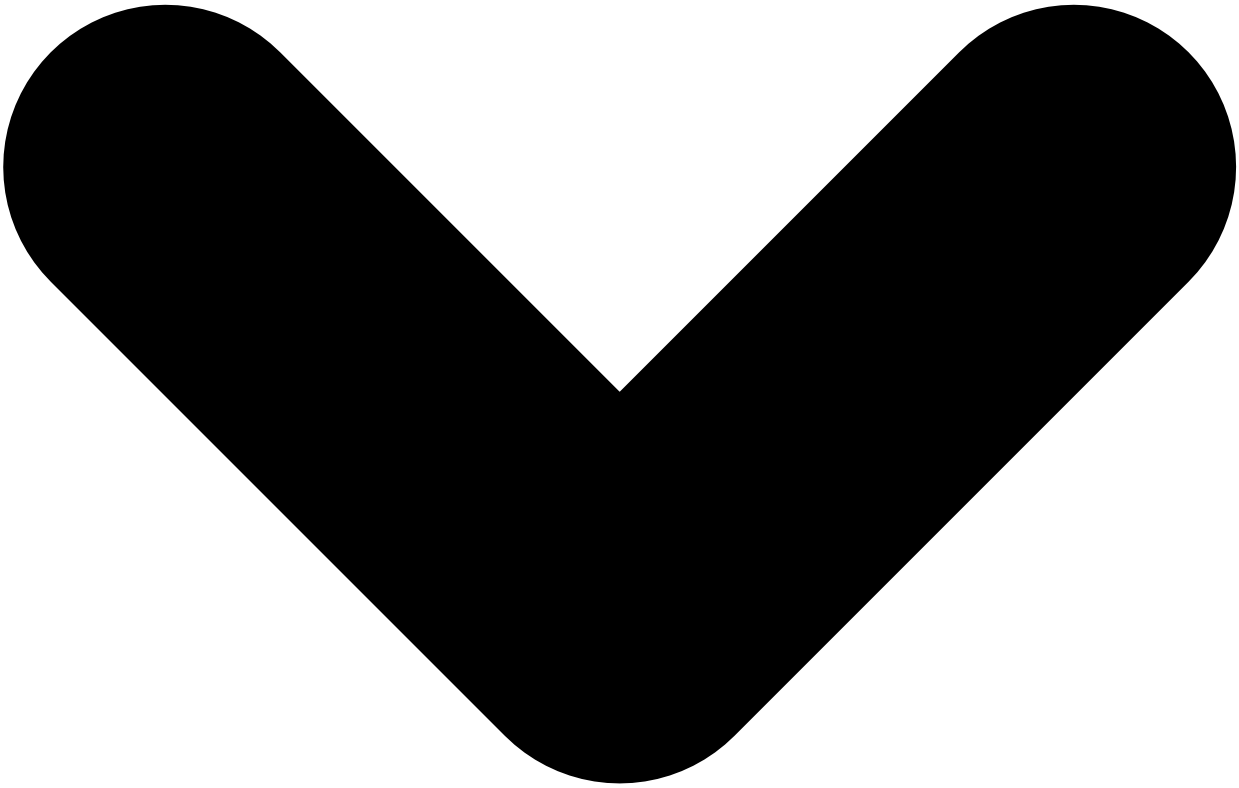
Find a Doctor

- Patient Billing Information



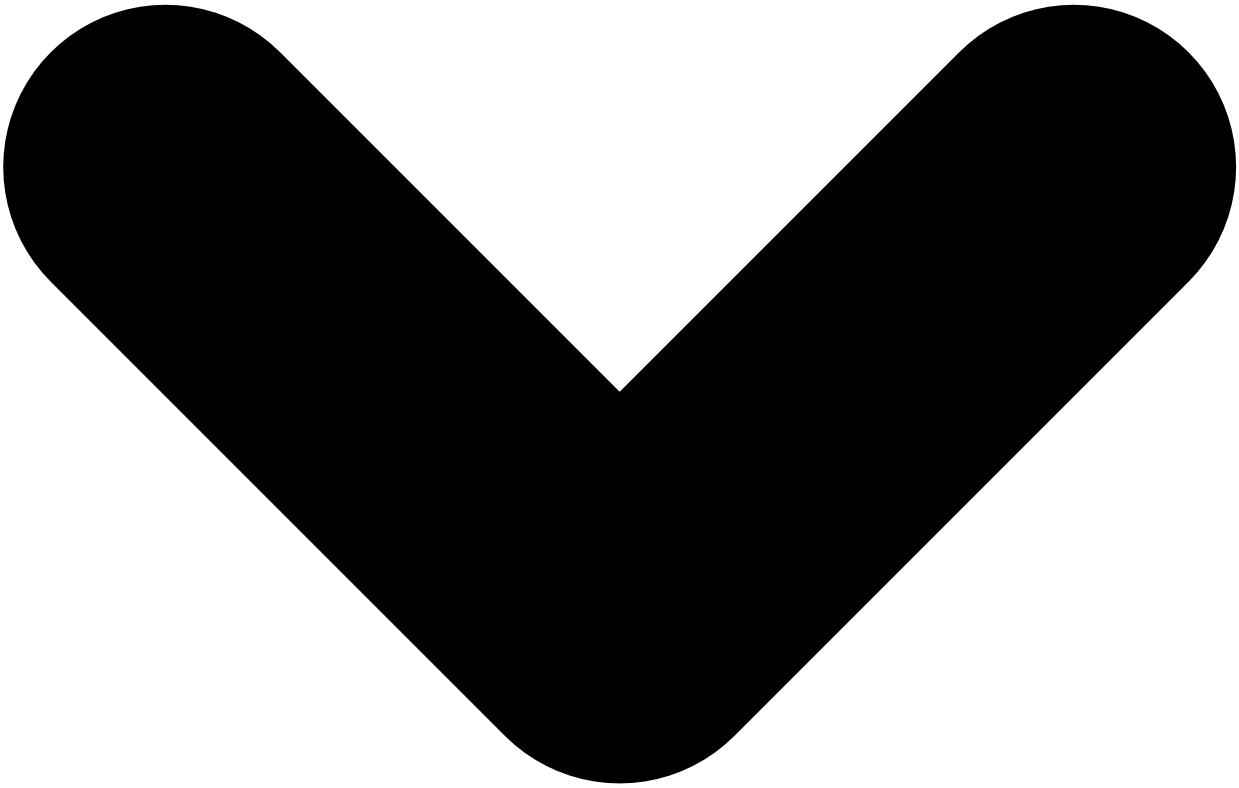
- Billing and Insurance
- Financial Assistance
- Financial Assistance Policy
- Financial Assistance Policy (Plain Language)
- Good Faith Estimate
- Pay Your Bill
- Price Estimates for Care
- Price Estimates: Carrier Clinic
- Price Estimates: Ramapo Valley
- Surprise Billing Protection
- Surprise Billing Rights

- Finance & Compliance



  - Annual Reports
  - Financial Reporting
  - Privacy Policy
  - Terms & Conditions
  - Vendor Compliance

- Patient and Visitor Information



- Advanced Directives
- Bioethics
- Health Care Reform Resources
- Hospital Amenities
- Medical Records
- Pastoral Care Services and Education
- Patient and Visitor Information
- Patient & Family Advisory Council
- Patient Rights and Responsibilities
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Financial Assistance Policy

HMH Hospitals Corporation Administrative Policy Manual
Hackensack Meridian Health (HMH)

Hackensack Meridian *Health* (HMH) Consolidated Financial Assistance Policy

I. Purpose

The purpose of the Hackensack Meridian *Health* (HMH) Financial Assistance Policy is to ensure that medically necessary care is accessible to all individuals, regardless of their ability to pay. This policy aims to alleviate the financial burden of healthcare costs for low-income and uninsured patients, promoting equitable access to services across the HMH network. By offering discounted or free care, this policy helps prevent medical debt and ensures that individuals can receive timely treatment without fear of financial hardship. This policy reflects HMH's commitment to community benefit and its mission to serve vulnerable populations.

Eligibility determination is made based on completion of the requirements listed below. HMH reserves the right to extend financial assistance in exceptional circumstances outside of the guidelines listed below.

A separate Billing and Collections Policy outlines the steps HMH follows to collect outstanding bills. A copy of the Billing and Collections Policy can be obtained at https://www.hackensackmeridianhealth.org/en/pay-bill/billing-and-insurance or by calling 551-996-1960.

II. Scope

The HMH Financial Assistance Policy applies to the following Hackensack Meridian *Health* (HMH) Hospitals Corporation facilities:

- Bayshore Medical Center
- HMH Carrier Behavioral Health
- Hackensack Meridian LTACH
- Hackensack Meridian JFK Johnson Rehabilitation Institute
- Hackensack Meridian Johnson Rehabilitation Institute at Ocean University Medical Center
- Hackensack Meridian Johnson Rehabilitation Institute at Riverview Medical Center
- Hackensack University Medical Center
- JFK University Medical Center
- Jersey Shore University Medical Center
- Joseph M. Sanzari Children's Hospital
- K. Hovnanian Children's Hospital
- Ocean University Medical Center
- Old Bridge Medical Center
- Palisades Medical Center
- Raritan Bay Medical Center
- Riverview Medical Center
- Southern Ocean Medical Center
- Hackensack Meridian Health and Wellness Center at Eatontown
- Hackensack Meridian Health and Wellness Center at Clark
- The Cancer Center at Totowa

These HMH facilities are dedicated to serving the healthcare needs of their communities. A robust financial policy, incorporating reasonable credit and collection procedures alongside comprehensive financial assistance options, is essential to fulfilling this mission. HMH Hospitals Corporation is committed to price transparency, proactively informing patients of their financial responsibilities before non-emergency services are provided. Furthermore, the policy emphasizes respectful treatment of patients' financial circumstances and maintains their dignity, adhering to all applicable New Jersey laws, including the NJ Hospital Care Assistance Program (Charity Care, P.L. 1992, Chapter 160).

The following sites: Hackensack Meridian Health and Wellness Center at Eatontown and Clark, The Cancer Center at Totowa, and Carrier Clinic Behavioral Health Facility, Hackensack Meridian LTACH, Hackensack Meridian JFK Johnson Rehabilitation Institute, Hackensack Meridian Johnson Rehabilitation Institute at Ocean University Medical Center, & Hackensack Meridian Johnson Rehabilitation Institute at Riverview Medical Center are excluded from the NJ State Hospital Care Assistance Program “Charity Care”. The program covers Inpatient and Outpatient care at Acute Care Hospitals, thus disqualifying these outlined locations. There is still an opportunity for these patients to apply for other financial assistance, such as HMH Compassionate Care and NJ Medicaid

III. Definitions

A. Medically Necessary Care: Health care services that a prudent physician would provide to a covered person for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:
   1. In accordance with generally accepted standards of medical practice;
   2. Clinically appropriate in terms of type, frequency, extent, site, and duration; and
   3. Not primarily for the economic benefit of the health benefits plan and purchaser of a plan or for the convenience of the covered person, treating physician, or other health care provider.

B. Emergency Care: Emergency care is the medical care we give to anyone who comes to our emergency room asking for help with a serious medical problem or severe pain. We will examine and treat you to make sure your condition doesn't get worse, whether or not you have insurance or can pay.

C. Amounts Generally Billed (“AGB”): Billing and Collections Policy for definition and the method that HMH uses to calculate AGB.

D. Federal Poverty Level (“FPL”): The Federal Poverty Level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services (HHS). The FPL is based on the size of a family and adjusted annually for inflation.

E. Uninsured: An individual who is not covered by insurance. Specifically, the individual is not enrolled in any private health insurance plan (e.g., through an employer, the marketplace, or purchased individually) and is not covered by a government-sponsored health insurance program like Medicare or Medicaid.

F. Underinsured: Individuals who have some form of health insurance coverage, but it is insufficient to protect them from significant financial hardship when they need medical care. This can be due to several factors, such as:
   1. High deductibles, copays, or coinsurance
   2. Limited coverage
   3. Coverage gaps or exclusions
   4. High out-of-pocket maximums

G. Family Income: The total combined income of all members of a family unit living in the same household. This includes but is not limited to wages or salaries, self-employment income, investment income, retirement income, public assistance benefits, Supplemental Security Income (SSI), unemployment benefits, or alimony and child support.

H. State Medicaid Rate: Medicaid allowable rate used to calculate patient cost share for New Jersey Hospital Care Payment Assistance Program (Charity Care). Calculation is performed by the state and provided to HMH for billing purposes.

I. Cost Share: Billing and Collections Policy for definition.

IV. Financial Assistance Programs

A. NJ Family Care / New Jersey Medicaid

1. NJ FamilyCare/Medicaid is New Jersey's public health care coverage program.
2. For more information on this program, please see the website at https://njfamilycare.dhs.state.nj.us/.
3. Patients with questions or needing assistance with this program can contact our Financial Assistance Office.

Financial Assistance Office:
Carrier Clinic Behavioral Health Facility: 732-902-7080
Hackensack University Medical Center: 732-902-7080
Palisades Medical Center at 732-902-7080
All other locations: 732-902-7080

B. Charity Care — New Jersey Hospital Care Payment Assistance Program

1. **Program Summary**
   a. The New Jersey Hospital Care Payment Assistance Program (Charity Care Assistance) is free or reduced charge care that is provided to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care are available only for necessary hospital care. Some services, such as physician fees, anesthesiology fees, radiology interpretation, and outpatient prescriptions, are separate from hospital charges and may not be eligible for reduction.
2. **Eligibility Criteria**
   - Hospital care payment assistance is available to New Jersey residents who:
     a. Have no health coverage or have coverage that pays only for part of the bill; and
     b. Are ineligible for any private or government-sponsored coverage (such as Medicaid); and
     c. Meet both the income and assets eligibility criteria listed below.
   - Hospital assistance is also available to non-New Jersey residents, subject to specific provisions.
   - **Income Criteria:**

Income as a Percentage of HHS Poverty Income Guidelines (Income Sliding Scale)	Patient Cost Share as a Percentage of State Medicaid Rate
less than or equal to 200%	0%
greater than 200% but less than or equal to 225%	20%
greater than 225% but less than or equal to 250%	40%
greater than 250% but less than or equal to 275%	60%
greater than 275% but less than or equal to 300%	80%
greater than 300%	100%

   - If patients on the 20% to 80% sliding fee scale are responsible for qualified out-of-pocket paid medical expenses in excess of 30% of their gross annual income (i.e. bills unpaid by other parties), then the amount in excess of 30% is considered hospital care payment assistance.
   - Assets Criteria: Individual assets cannot exceed $7,500, and family assets cannot exceed $15,000. Should an applicant's assets exceed these limits, he/she may "spend down" the assets to the eligible limits through payment of the excess toward the hospital bill and other approved out-of pocket medical expenses.
   - Application Form: The Charity Care application form is included as Appendix A to this policy. It can also be found at this url: https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance
   - Application Period: The applicant has up to one year from the date of service to apply for hospital assistance and provide the hospital with a completed application. At minimum, patients will be allowed 240 days from the first post-discharge billing statement to apply for Charity Care.

C. Hackensack Meridian *Health* Compassionate Care Discounting Policy

1. Compassionate Care I: Any patient who does not have health insurance qualifies for the Compassionate Care I discount. For inpatient care, the discount will be calculated based on the Medicare Inpatient Prospective Payment System (IPPS) rate, and outpatient care will be calculated based on the Medicare Outpatient Prospective Payment System (OPPS) rate. The discount will be applied at the time of billing and will automatically appear on the billing statement.
   - This discount will serve as AGB for uninsured patients.
   - This discount complies with sections N.J.S.A. 26:2H-12.52 and N.J.S.A. 26:2H-12.53 of the New Jersey Health Care Facilities Planning Act.
2. Compassionate Care II: Uninsured patients with income levels at or below 600% of the Federal Poverty Level (FPL) will be eligible for an additional 50% discount on the Medicare rates applied under the Compassionate Care I program. To determine eligibility, guarantors are required to provide proof of income in the form of the most recent tax return. Other income verification will be accepted if no tax return information is available. Assets will not be considered when determining eligibility for this program.
3. Compassionate Care III: Insured patients with income levels at or below 600% of the Federal Poverty Level (FPL) may be eligible for a 50% discount on cost-share amounts. To determine eligibility, guarantors are required to provide proof of income in the form of the most recent tax return. Other income verification will be accepted if no tax return information is available. Assets will not be considered when determining eligibility for this program.
4. Covered Services: All Hospital Emergency and Medically Necessary Care are eligible for Compassionate Care Discounting.
5. Exclusions: Certain services (e.g., international patients, cosmetic surgery, dental services) are excluded from Compassionate Care discounts.
6. Application Period: An individual has 2 years from the date they are provided with the first post-discharge billing statement to apply for Compassionate Care Discounting.

D. Summary of Available Assistance Programs by Income Level:

Family Income as a % of FPL	New Jersey Hospital Care Payment Assistance Program*	Compassionate Care I (Uninsured Patients)	Compassionate Care II (Uninsured Patients)	Compassionate Care III (Insured Patients)
0-200%	100% Assistance	Discounted to Medicare Rates	Discounted to 50% of Medicare Rates	Discounted to 50% of Insurance Cost Share
201%-224%	80% Assistance	Discounted to Medicare Rates	Discounted to 50% of Medicare Rates	Discounted to 50% of Insurance Cost Share
225%-250%	60% Assistance	Discounted to Medicare Rates	Discounted to 50% of Medicare Rates	Discounted to 50% of Insurance Cost Share
251%-275%	40% Assistance	Discounted to Medicare Rates	Discounted to 50% of Medicare Rates	Discounted to 50% of Insurance Cost Share
276%-300%	20% Assistance	Discounted to Medicare Rates	Discounted to 50% of Medicare Rates	Discounted to 50% of Insurance Cost Share

Family Income as a % of FPL	New Jersey Hospital Care Payment Assistance Program*	Compassionate Care I (Uninsured Patients)	Compassionate Care II (Uninsured Patients)	Compassionate Care III (Insured Patients)
301%-600%	NA	Discounted to Medicare Rates	Discounted to 50% of Medicare Rates	Discounted to 50% of Insurance Cost Share
>601%	NA	Discounted to Medicare Rates	NA	NA

E. Limitation to Charges:
- For patients eligible for financial assistance under this policy, the amount charged will not exceed the lower of the applicable Compassionate Care discount or the Amounts Generally Billed (AGB).

V. Emergency Care

In accordance with the Emergency Medical Treatment and Labor Act (EMTALA), HMH provides a medical screening examination and stabilizing treatment to any individual presenting to our emergency department, regardless of their ability to pay or insurance status. This includes individuals who are uninsured or underinsured. Financial assistance is available to eligible patients for emergency and other medically necessary care, and no patient will be denied emergency care based on their inability to pay. Patients may apply for financial assistance at any time, including before, during, or after receiving emergency care. See Administrative Policy 558-1, Patient Transfer and Emergency Medical Treatment & Active Labor Act (EMTALA) for more information.

VI. Non-Discrimination

HMH complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex.

VII. Applying for Financial Assistance

A. Available Languages
1. The HMH Financial Assistance Application and Plain Language Summary (“PLS”) are available in English and in the primary language of populations with limited proficiency in English (“LEP”) that constitute the lesser of 1,000 individuals or 5% of hospital’s primary service area. These documents are available on the hospital’s website as well as free of charge upon request.

B. Distribution of Financial Assistance Policy
1. Information regarding financial assistance will be available:
   a. On our website: An individual can view information about financial assistance online at the following URL: https://www.hackensackmeridianhealth.org/en/pay-bill/financial-assistance
   b. By calling our Financial Assistance Office at 732-902-7080.
   c. At patient access points and upon admission and/or discharge from the facility in plain language publications.
   d. Through postings in public areas of the facility (including admission areas, waiting rooms, and emergency rooms).
   e. On billing statements and/or appointment letters, through in-person and telephone conversations regarding bill payment.
   f. Other means that make the policy available to our patients and our communities at large.

C. Application
1. By Mail: By writing to the following address and requesting a paper copy of the financial assistance application:
   - Carrier Clinic Behavioral Health Facility (Non Charity Care Facility): Attn: Patient Financial Services department- 252 County Road, Belle Mead, NJ 08502
   - Hackensack University Medical Center patients 100 First Street - Suite 30,0, Hackensack, NJ 07601
   - Palisades Medical Center - 7600 River Road, North Bergen, NJ, 07047
   - JFK University Medical Center - 65 James St, Edison, NJ 08820
   - Hackensack Meridian JFK Johnson Rehabilitation Institute - 65 James St, Edison, NJ 08820
   - Johnson Rehabilitation Institute At Ocean University Medical Center- 425 Jack Martin Boulevard, Brick, NJ 08724
   - Jersey Shore University Medical Center, Ocean Medical Center, Old Bridge Medical Center, Riverview Medical Center, Southern Ocean Medical Center, Bayshore Medical Center, and Raritan Bay Medical Center - 1945 Route 33, Neptune, NJ 07753
   - Hackensack Meridian LTACH, PO Box 397, Neptune, NJ 07754-9885
2. In Person: By stopping by the Financial Assistance Department in person (Monday through Friday, 8:00 AM-4:00 PM), located at the following address:
   - Hackensack University Medical Center,100 First Street - Suite 300, Hackensack, NJ 07601
   - Palisades Medical Center, 7600 River Road, North Bergen, NJ, 07047
   - JFK University Medical Center - 65 James St, Edison, NJ 08820
   - Hackensack Meridian JFK Johnson Rehabilitation Institute - 65 James St, Edison NJ 08820
   - Jersey Shore University Medical Center, 1945 Route 33, Neptune, NJ, 07753
   - Johnson Rehabilitation Institute At Ocean University Medical Center - 425 Jack Martin Boulevard, Brick, NJ 08724
   - Ocean Medical Center, 425 Jack Martin Boulevard, Brick, NJ 08724
   - Old Bridge Medical Center, One Hospital Plaza, Old Bridge, NJ 08857
   - Hackensack Meridian *Health* - Long Term Acute Care Hospital (LTACH) (Non Charity Care Facility): -530 New Brunswick Avenue Perth Amboy, NJ 08861
   - Riverview Medical Center, 1 Riverview Plaza, Red Bank, NJ 07701
   - Southern Ocean Medical Center, 1140 Route 72 W, Manahawkin, NJ 08050
   - Bayshore Medical Center, 727 N Beers St, Holmdel, NJ 07733,
   - Meridian Family Health Center, 1828 W Lake Ave # 202, Neptune, NJ,
   - 07753
   - Jane H Booker Family Health Center, Neptune, NJ, 07753
   - Booker Behavioral Health Center, Shrewsbury, NJ, 07702
   - Behavioral Health Center, 61 Davis Ave, Neptune, NJ, 07753
   - Raritan Bay Medical Center, 530 New Brunswick Ave, Perth Amboy, NJ 08861
3. By Phone: The Financial Assistance Department can be reached at 732-902-7080.
4. Qualification: If you do not qualify, there are other financial assistance resources available. Your financial counselor can help you identify and apply for programs that best meet your needs.

D. Incomplete Applications
- If an incomplete application is received, the patient will be notified in writing of the missing information and/or documentation that is needed. The patient will also be notified that the collection actions may continue if the information is not received within 30 days.

E. Completed Applications:
- Please mail all completed applications to the Financial Assistance Department (refer to address above, also listed on billing statements). Only data provided by the applicant will be used in approving financial assistance.

VIII. Financial Assistance Exclusions

The following services have specialized rates and do not fall under the Hackensack Meridian *Health* Compassionate Care Rates or New Jersey State 15 Care for discounting:

- Services for pre-scheduled International Patients
- Cosmetic Surgery Patients
- Executive Health Patients
- Self-Pay Patients receiving Lap Band/Gastric Bypass
- Bone Marrow Transplants: Autologous & Allogeneic Related, Allogeneic Unrelated

IX. Policy Review and Updates

This policy will be reviewed and updated at least annually and adopted by a governing committee of the HMH Board of Directors.

X. Appendices

A. Charity Care Application
B. Compassionate Care II and III Application
C. Plain Language Summary ("PLS")
D. Entities Covered by This Policy

- Billing and Insurance
- Financial Assistance
- Price Transparency

-
- Pay Bill
- Financial Assistance
- Financial Assistance Policy

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Careers

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- Maestro

For Team Members

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- Employee Assistance Program
- New Team Members
- Team Member Login
- Team Member Wellbeing

For Employers

- Employers Solutions

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