

Title: Financial Assistance for Patient Out-of-Pocket Expenses Policy; Billing and Collections Policy	Reference Number: FIN 511b
Signature: Chief Executive Officer	Effective Date: December 7, 2021
Approved By: Compliance & Audit Committee	Page #: Page 1 of 10

PURPOSE:

The New York Proton Center (“NYPC”) is the New York metropolitan region’s sole destination for proton therapy cancer treatment, an advanced form of radiation treatment that seeks to target and destroy cancer tumors while reducing the risk of harmful side-effects. NYPC recognizes that many of the patients it serves may be unable to access quality health care services without financial assistance. This Financial Assistance for Patient Out-of-Pocket Expenses Policy and Billing and Collections Policy (the “Policy”) was developed to ensure that NYPC continues to uphold its mission of providing quality services to the community, while carefully taking into consideration the ability of the patient to pay, as applied in a fair and consistent manner.

POLICY:

It is NYPC’s policy that patients who meet the eligibility criteria and apply for financial assistance as set forth herein may receive financial assistance for certain out-of-pocket expenses for Medically Necessary Care rendered by or at NYPC.

The NYPC Offices of CEO and CFO have ownership, control, and responsibility for administration of this Policy.

Services Covered Under this Policy

Financial assistance is available under this policy for Patient Out-of-Pocket Costs for Medically Necessary Care¹ rendered at NYPC.

Services Not Covered Under this Policy

Financial assistance is *not* available under this policy for Patient Out-of-Pocket Costs for the following types of care and services:

- Non-medically necessary services;
- Discretionary charges;
- Research related services; and
- Travel and lodging

Eligibility Criteria for Financial Assistance

- a. **Eligibility for financial assistance for Emergency Medical Care:** Not applicable, as NYPC does not currently offer or provide Emergency Medical care within the meaning of this Policy and relevant federal and state law.

¹NYPC does not at this time offer or provide Emergency Medical Care as defined herein and in federal and New York state law. To the extent NYPC provides Emergency Medical Care services at a later date, NYPC may revise and update this Policy accordingly.

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b. Eligibility for financial assistance for Medically Necessary Care: Patients may be eligible for financial assistance for Patient Out-of-Pocket Costs for Medically Necessary Care under this Policy if:

- The patient’s primary residence is located in the Primary Service Area; and
- Their annual income does not exceed 400% of the current Federal Poverty Guidelines; and
- They apply for financial assistance within the Financial Assistance Application Period

c. Eligibility for financial assistance for Medically Necessary Care for Patients Who Reside Outside of the Primary Service Area: Eligibility for financial assistance for non-emergent, Medically Necessary Care for patients who reside outside of the Primary Service Area will be determined on a case-by-case basis and will require approval by either the CEO or the CFO.

d. Patients are *ineligible* for financial assistance under this Policy if:

- The patient or responsible party provides false information; or
- The patient or responsible party refuses to cooperate with NYPC and/or any of the terms of this Policy; or
- The patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for such programs; or
- The Patient or responsible party refuses to adhere to their primary insurance requirements.

NYPC reserves the right to diverge from the eligibility criteria set forth in this section, on a case- by- case basis, where NYPC determines, in its complete and sole discretion, that doing so is warranted with respect to a particular patient.

Applying for Financial Assistance Under this Policy

Patients may apply for financial assistance under this Policy by completing and submitting, a Financial Aid Application form (the “Application Form”), a copy of which is attached to this Policy at **Appendix A**, within the Financial Assistance Application Period to the NYPC Finance Department, at:

New York Proton Center
 ATTN: Finance Department
 225 East 126th Street
 New York, NY 10035

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Along with the Application Form itself, patients will also be required to provide the following documentation, which must meet the standards of proof applied by Medicaid to Medicaid application documentation:

- Proof of address;
- Proof of Identity;
- Current financial management as evidenced by income verification (wages, disability benefits, compensation benefits, etc. by providing:
 - Most recent Federal Tax Return showing dependents claimed and taxable income. If a tax return is not available, then the following additional information will need to be provided as follows:
 - 30 days of the most recent payroll stubs; or
 - Employer letter attesting to annual income; or
 - New York State Self-attestation form (see below); or
 - Letter from the Social Security Administration or the New York State Department of Labor regarding unemployment benefits; AND/OR
 - Letter of support from individuals providing for patient’s basic living needs.
- Proof of dependents (if claimed); and
- Proof of child support, alimony (if claimed).
- As allowed in Medicaid documentation standards, the New York State Self-attestation form (currently Form MAP 2050a or any other acceptable form in use at the time of application) may be accepted if the above is not obtainable.

Patients who need assistance with the financial assistance application process should contact the NYPC Lead Patient Navigator at the address listed above or at (646) 453-0337 .

NYPC’s eligibility determinations are made based upon materials submitted by individuals in connection with the Application Form; NYPC will not seek to obtain information from other sources in connection with determining an individual’s eligibility for financial assistance under this Policy.

NYPC will not deny a patient financial assistance under this Policy based on the patient’s failure to provide any information unless the information is specifically requested in this Policy or on the Application Form.

Process for Eligibility Determinations for Financial Assistance

Upon receipt of a patient’s Application Form and supporting documentation as set forth more fully in “Applying for Financial Assistance Under this Policy,” the NYPC CFO or their designee shall determine whether the patient is eligible for Financial Assistance for Patient Out-of-Pocket Expenses under this Policy as follows:

- a. NYPC will first determine if a patient has third-party insurance coverage for services provided.

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b. If the patient does not have third-party insurance coverage for the services provided, NYPC will determine if the patient is eligible for government insurance programs such as Medicare or Medicaid.

c. If a patient is not eligible for government insurance programs or is so eligible but is still subject to cost-sharing responsibility and/or Patient Out-of-Pocket Expenses, NYPC shall determine if the patient qualifies for financial assistance based on the aforementioned Eligibility Criteria for Financial Assistance. If the patient is so eligible, the patient shall be entitled to receive financial assistance under this Policy as further set forth in the following section, titled “Financial Assistance Available Under this Policy.”

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Financial Assistance Available Under this Policy

Patients who are determined to be entitled to financial assistance under this Policy are presumptively entitled to assistance with Patient Out-of-Pocket Expenses for services provided at/by NYPC in accordance with the Sliding Fee Scale Discount Table (the “Discount Table”) attached as **Appendix B** to this Policy and as set forth below:

- Individuals with income at or below 100% of the federal poverty level (“FPL”) shall be eligible for a discount on Patient Out-of-Pocket Expenses of 100%.
- Individuals with income between 101%-150% of FPL shall be eligible for a discount on Patient Out-of-Pocket Expenses of 80% to 90%.
- Individuals with income between 151%-250% of FPL shall be eligible for a discount on Patient Out-of-Pocket Expenses of 40% to 50%.
- Individuals with income between 251-400% of FPL shall be eligible for a discount on Patient Out-of-Pocket Expenses of 25%.
- Individuals with income above 400% of FPL are not presumptively eligible for a discount on Patient Out-of-Pocket Expenses absent a showing of extraordinary need and approval of the CEO or CFO.

All uninsured patients and patients who have exhausted their health insurance benefits and can demonstrate an inability to pay full Patient Out-of-Pocket Expenses are presumptively eligible for at least the lowest level of discount available under this Policy.

Patients who are not able to make reduced payments in full may, at NYPC’s discretion, be offered payment plans, under which monthly payments shall not exceed 10% of a patient’s monthly income (as set forth more fully in “Application of Discount and Notification of Entitlement” herein). If a patient makes a deposit, it is included as part of a payment towards his/her financial aid balance. NYPC does not charge interest on patient balances nor does it pay interest on deposits made.

NYPC reserves the right to diverge from the figures in the Discount Table and to make individualized determinations regarding the amounts of financial assistance and/or discounts to which an eligible patient may be entitled to under this Policy, on a case-by-case basis, where NYPC

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determines, in its complete and sole discretion, that doing so is warranted with respect to a particular patient.

Eligibility Period

If a patient is approved for financial assistance under this Policy, such eligibility shall not exceed one (1) year commencing on the first day of the month in which services were first delivered or up to the last day of the month of the next “open enrollment period” as established under the Affordable Care Act, whichever comes first. NYPC may require patients to recertify eligibility for financial assistance under this policy on no more than an annual basis.

Application of Discount and Notification of Entitlement

When a patient has been determined by NYPC to be eligible for financial assistance under this Policy, an appropriate discount will be determined based on the current Discount Table. The patient or responsible party will be notified in writing of eligibility and if eligible and if applicable, asked to sign a payment agreement. A New York State surcharge will be added to all amounts determined to be the patient’s responsibility, as appropriate under the Health Care Reform Act. Payment terms shall not include interest (all installment plans are interest free), and as noted, installment plans (if any) shall not exceed 10% of the head of household gross monthly income for persons who qualify under this policy.

Appeals of Eligibility Determinations

A patient has the right to appeal decisions regarding financial assistance within thirty (30) days of notification of non-eligibility. Appeals can only be submitted based on the following:

- Incorrect information was provided; or
- A change in the patient’s financial status occurred; or
- Due to extenuating circumstances.

NYPC will decide appeals in cases as specified above. Appeals should be made in writing (or in person, by appointment) to the following:

New York Proton Center
 ATTN: Finance Department
 225 East 126th Street
 New York, NY 10035

Appeals decisions will be issued within 30 business days of receipt of a patient appeal (i.e., after receipt of letter or an in-person appeal). NYPC, at its discretion, may request that an application or additional appeal be filed for government sponsored benefits as part of the financial aid appeal process.

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Follow-Up Information

Patients are responsible for promptly reporting changes in financial status and/or contact information to NYPC. If a patient or responsible party is unable to comply with a signed payment agreement they must contact NYPC. If a patient or responsible party defaults on a payment agreement with NYPC, the account in question will be considered delinquent and NYPC reserves its right to refer the patient’s account to an outside collection service, where appropriate, consistent with guidelines set forth in this Policy and with applicable law.

Training

NYPC will assure that all staff responsible for engaging or otherwise assisting on the application for services covered by this Policy are trained on this Policy.

Actions in the Event of Nonpayment

NYPC may take the following actions in the event that a patient does not pay a bill for medical care:

- Refer the patient to a collection agency, subject to the provisions and limitations set forth in the “Limitations on Legal Actions” and the “Collections Policy” herein.
- Take legal action against the patient, subject to the provisions of the “Limitations on Legal Actions” and the “Collections Policy” herein, including:
 - Place a lien on an individual’s property (other than a lien that NYPC is entitled to assert under state law on the proceeds of a judgment, settlement or compromise owed to a patient or the patient’s representative as a result of personal injuries for which NYPC provided care).
 - Foreclose on an individual’s real property (other than their home, as set forth below).
 - Attaching or seizing an individual’s bank account or any other personal property;
 - Commencing a civil action against an individual;
 - Causing an individual’s arrest;
 - Causing an individual to be subject to a writ of body attachment; and
 - Garnishing an individual’s wages.
- The filing of a claim in any bankruptcy proceeding is not a legal action for purposes of this Policy.

NYPC will **not** take any of the following actions against a patient who does not pay for Emergency Medical Care or other Medically Necessary Care:

- Forcing the sale of a patient’s home to collect debt, either directly, or indirectly by a collection agency retained by NYPC.
- Sell a patient’s debt to another party.
- Report adverse information about the patient to consumer credit reporting agencies or credit bureaus.

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- Defer or deny, or require a payment before providing, Emergency Medical Care or other Medically Necessary Care because of a patient’s nonpayment of one or more bills for previously provided care covered under this Policy.

Limitations on Legal Actions

NYPC will not initiate any legal action for nonpayment for Emergency Medical Care or other Medically Necessary Care provided to a patient until at least 120 days from the date of the first post-discharge billing statement to the patient for the care. Prior to taking any legal action against a patient or against any other individual who has accepted or is required to accept responsibility for the patient’s bill, NYPC will make reasonable efforts to determine whether the patient is eligible for financial assistance under this Policy, as follows:

- Providing the patient with written notice that indicates financial assistance is available for eligible patients, identifies the legal action that NYPC (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such legal action may be initiated that is no earlier than 30 days after the written notice is provided;
- Including with the written notice referenced above a plain-language summary of this Policy; Making a reasonable effort to orally notify the patient about this Policy and about how the patient may obtain assistance with the financial assistance application process;
- If a patient submits an incomplete application during the Financial Assistance Application Period, providing the patient with a written notice that describes the additional information and/or documentation required, together with the telephone number and physical location of the office that can provide information about this Policy and assistance with the application process; and
- If a patient submits a complete application during the Financial Assistance Application Period, making a determination as to whether the patient is eligible for financial assistance, and notifying the patient of this determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination.

The NYPC Office of the CFO has final responsibility for determining that NYPC has made reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy and may therefore engage in legal action against the patient.

If, after NYPC makes reasonable efforts to determine whether a patient is eligible for financial assistance, NYPC begins a legal action against the patient, and the patient then submits a financial assistance application before the end of the Financial Assistance Application Period, NYPC will suspend the legal action, determine whether the patient is eligible for financial assistance, and notify the patient of this determination (including any assistance for which the patient is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance, the NYPC will:

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- Provide the patient with a billing statement that states what the patient owes for the care, how that amount was determined and how the patient can get information regarding the amount generally billed for the care;
- Refund any amount the patient has paid for the care that exceeds that amount owed, unless the excess is less than \$5; and
- Terminate the legal action.

If the patient is determined to be ineligible for assistance and/or the application for financial assistance is otherwise not approved by NYPC, NYPC reserves the right to resume/reinstate the legal action against the patient.

Collections Policy

NYPC will instruct all collection agencies that they must follow the principles outlined in this Policy. Any legal actions will be subject to the provisions of the “Limitations on Legal Actions” and the “Collections Policy” herein and will only be approved in cases where NYPC determines that a patient has the means to pay outstanding balances. For all legal actions, the collection agency must present documentation to NYPC supporting such action.

- At no time will NYPC force the sale of a primary residence in order to settle a debt.
- No account will be placed with a collection agency to collect on a debt so long as an application for financial assistance has been submitted to NYPC.
- Unless otherwise prohibited, no account will be referred to a collection agency without 30 days written notice.
- All persons granted financial assistance will have 30 days after the final notice under this policy to either pay or dispute the debt before it can be turned over to a collection agency.
- Collection agencies shall provide information on how to apply for financial assistance when appropriate.

Policy Publication

NYPC will publicize this Policy by some or all of the following methods:

- Making this Policy, the financial aid application, and a plain language summary of this Policy available at www.nyproton.com;
- Offering a paper copy of the plain language summary of this Policy to patients as part of the intake or discharge process;
- Setting up public displays (or other measures reasonably designed to attract patients’ attention) that notify and inform patients about this Policy in public locations at NYPC and making paper copies of this Policy, the financial aid application, and a plain language summary of this Policy available, upon request and without charge, in public locations at NYPC, including in admissions areas;

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- Making paper copies of this Policy, the financial aid application and a plain language summary of this Policy available, upon request and without charge, by mail;
- Including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Policy and includes the telephone number of the office that can provide information about this Policy and the direct website address where copies of this Policy, the financial aid application and the plain language summary of this Policy can be obtained.

Plain Language Summary

NYPC shall make available to patients and prospective patients a plain language summary of this Policy (the “Plain Language Summary”), which is a written statement that notifies an individual that NYPC offers financial assistance for certain Patient Out-of-Pocket Expenses under this Policy and provides information regarding this Policy in language that is clear, concise, and easy to understand. A copy of the Plain Language Summary is attached to this Policy as **Appendix C**.

Policy Translation

NYPC shall attempt to accommodate significant populations it serves that have limited English proficiency by translating this Policy document and/or the Plain Language Summary document into other languages spoken by those populations NYPC serves.

List of Appendices

Appendix A: Application for Financial Assistance

Appendix B: Discount Table

Appendix C: Plain Language Summary

These Appendices can be accessed online at www.nyproton.com, or can be obtained in hard copy upon request from the Finance Department as listed herein.

DEFINITIONS:

Emergency Medical Care: care for emergency medical conditions. As noted herein, NYPC does not currently offer or provide Emergency Medical Care.

Financial Assistance Application Period: the period ending on the 21st day after the first post-discharge billing statement is provided to a patient.

Medically Necessary Care: items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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Patient Out-of-Pocket Costs: the costs for medical services that a patient is responsible for paying out of his or her own pocket, including but not limited to deductibles, coinsurances, copayments, and amounts that are either not covered by or are not payable by insurance or other third-party coverage.

Primary Service Area: all counties in the State of New York.

POLICY HISTORY: Financial Assistance for Patient Out-of-Pocket Expenses Policy; Billing and Collections Policy June 15, 2021 FIN 511a

APPROVED BY NYPC BOARD OF DIRECTORS: _____
Date

APPROVAL:

 Chief Executive Officer Date

 Chief Compliance & Privacy Officer Date

“Plain Language” Summary of Financial Assistance Policy

The New York Proton Center (NYPC) recognizes that there are times when patients in need of care will have difficulty paying for medical services. It is NYPC policy that patients who meet certain eligibility criteria may receive financial assistance for certain out-of-pocket expenses for medically necessary care rendered by or at NYPC.

Who qualifies for financial assistance under the NYPC policy?

In general, financial assistance is available to qualifying NYPC patients with limited incomes to cover certain out-of-pocket costs that they cannot afford, such as insurance copayments, deductibles, and co-insurance, as well costs for services in excess of health insurance benefits.

If you live in New York State and meet certain other eligibility criteria, you may be entitled to financial assistance for out-of-pocket costs for medically necessary care rendered by or at NYPC.

You may apply for financial assistance regardless of immigration status.

What services are covered by the NYPC Financial Assistance Policy?

Financial assistance is available under NYPC’s Financial Assistance Policy for patient out-of-pocket costs for “medically necessary care” rendered at NYPC. “Medically Necessary Care” means items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

What services are not covered by the NYPC Financial Assistance Policy?

Services that are not medically necessary are not covered. Additionally, NYPC does not at this time offer or provide emergency medical care services; such services are thus also not covered under the NYPC Financial Assistance Policy.

How do I apply for financial assistance?

You can apply for financial assistance by completing and submitting a Financial Assistance Application Form within 21-days of receipt of a billing statement, to the NYPC Finance Department at:

New York Proton Center
ATTN: Finance Department
225 East 126th Street
New York, NY 10035

What other documentation do I need to provide when I apply for financial assistance?

In addition to the application form, patients will also be asked to provide the following documentation when seeking financial assistance:

- Proof of address;
- Proof of Identity;
- Proof of income as evidenced by their most recently filed Federal Income Tax Return, or if one is not available, through other income verification (wages, disability benefits, compensation benefits, etc. by providing 30 days most recent payroll stubs or employment letter, verification of social security or unemployment benefits, or New York State Self-Attestation Form (MAP 250a)
- Proof of dependents (if claimed); and
- Proof of child support, alimony (if claimed).

What are the income limits for financial assistance?

The amount of financial assistance that may be available varies based on income and family size. Below is a table reflecting the current income criteria and limits (as of 2023):

Sliding Fee Scale Discount Table - 2023							
	Nominal fee	101-150% of FPL		151-250% of FPL		251-400 % of FPL MAX	Over 400% FPL NO MAX
	Level 1 Maximum income limit	Level 2 Maximum income limit	Level 3 Maximum income limit	Level 4 maximum income limit	Level 5 maximum income limit	Sliding fee level 6 income range	Sliding fee scale Level 7 minimum income range (minimum)
Family size							
1	\$14,580	\$18,225	\$21,870	\$29,160	\$36,450	\$36,451 - \$58,320	\$58,321
2	\$19,720	\$24,650	\$29,580	\$39,440	\$49,300	\$49,301 - \$78,880	\$78,881
3	\$24,860	\$31,075	\$37,290	\$49,720	\$62,150	\$62,151 - \$99,440	\$99,441
4	\$30,000	\$37,500	\$45,000	\$60,000	\$75,000	\$75,001 - \$120,000	\$120,001
5	\$35,140	\$43,925	\$52,710	\$70,280	\$87,850	\$87,851 - \$140,560	\$140,561
6	\$40,280	\$50,350	\$60,420	\$80,560	\$100,700	\$100,701 - \$161,120	\$161,121
7	\$45,420	\$56,775	\$68,130	\$90,840	\$113,550	\$113,551 - \$181,680	\$181,681
8	\$50,560	\$63,200	\$75,840	\$101,120	\$126,400	\$126,401 - \$202,240	\$202,241
For each addtl person add	\$5,140	\$6,425	\$7,710	\$10,280	\$12,850	\$20,560	N/A
Patient responsibility	None	10% of Out-of- Pocket Costs	20% of Out-of- Pocket Costs	50% of Out-of- Pocket Costs	60% of Out-of- Pocket Costs	75% of Out-of-Pocket Costs	100% of Out-of-Pocket Costs
Percentage over FPL	100% of FPL base	101-125% of FPL base	126-150% of FPL base	151-200% of FPL base	201-250% of FPL base	251-400% of FPL base	Over 400% of FPL

What if I do not meet the income limits?

If you do not meet the income limits but are unable to pay your bills as services are rendered, NYPC can work with you to try to come to payment arrangements that meet your financial abilities.

How can I get help with applying for financial assistance?

Patients who need assistance with the financial assistance application process should contact the NYPC Lead Patient Navigator at the address listed above or at (646) 453-0337.

How will I know if I was approved for financial assistance?

Once NYPC has received your completed application and supporting documentation, it will review the materials to determine if you are eligible for financial assistance. If NYPC determines that you are eligible for financial assistance, NYPC will send you a letter within approximately 30 days after completion and submission of all required documentation, telling you if you have been approved, the level of assistance you are eligible for, the amounts that may be due in excess of financial assistance along with a proposed payment schedule, and, if applicable, a payment agreement for you to sign.

Can I appeal if my financial assistance application is not approved?

A patient has the right to appeal decisions regarding financial assistance within thirty (30) days of notification of non-eligibility. Appeals can only be submitted based on the following:

- Incorrect information was provided; or
- A change in the patient's financial status occurred; or
- Due to extenuating circumstances.

Appeals should be made in writing (or in person, by appointment) to the NYPC Finance Department at the address listed above.

How do I obtain a copy of NYPC's Financial Assistance Policy?

To obtain a copy of NYPC's Financial Assistance Policy please contact NYPC Finance Department at the address listed above or at (646) 968-9015.

Sliding Fee Scale Discount Table - 2023

	Nominal fee	101-150% of FPL		151-250% of FPL		251-400 % of FPL MAX		Over 400% FPL NO MAX
Family size	Level 1 Maximum income limit	Level 2 Maximum income limit	Level 3 Maximum income limit	Level 4 maximum income limit	Level 5 maximum income limit	Sliding fee level 6 income range		Sliding fee scale Level 7 minimum income range (minimum)
1	\$14,580	\$18,225	\$21,870	\$29,160	\$36,450	\$36,451	\$58,320	\$58,321
2	\$19,720	\$24,650	\$29,580	\$39,440	\$49,300	\$49,301	\$78,880	\$78,881
3	\$24,860	\$31,075	\$37,290	\$49,720	\$62,150	\$62,151	\$99,440	\$99,441
4	\$30,000	\$37,500	\$45,000	\$60,000	\$75,000	\$75,001	\$120,000	\$120,001
5	\$35,140	\$43,925	\$52,710	\$70,280	\$87,850	\$87,851	\$140,560	\$140,561
6	\$40,280	\$50,350	\$60,420	\$80,560	\$100,700	\$100,701	\$161,120	\$161,121
7	\$45,420	\$56,775	\$68,130	\$90,840	\$113,550	\$113,551	\$181,680	\$181,681
8	\$50,560	\$63,200	\$75,840	\$101,120	\$126,400	\$126,401	\$202,240	\$202,241
For each addtl person add	\$5,140	\$6,425	\$7,710	\$10,280	\$12,850	\$20,560		N/A
Patient responsibility	None	10% of Out-of- Pocket Costs	20% of Out-of- Pocket Costs	50% of Out-of- Pocket Costs	60% of Out-of- Pocket Costs	75% of Out-of-Pocket Costs		100% of Out-of-Pocket Costs
Percentage over FPL	100% of FPL base	101-125% of FPL base	126-150% of FPL base	151-200% of FPL base	201-250% of FPL base	251-400% of FPL base		Over 400% of FPL

Please note that the figures identified above are samples only; for an exact fee owed, please contact our financial services department at the numbers located in our policy. Please further note that the figures listed above are based upon the current (2023) Federal Poverty levels released by Health and Human Services, and that these figures can be updated by NYPC, without advance notice, at NYPCs discretion.

There is no asset test for financial assistance.

Payment of full amount of Out-of-Pocket Costs is due if income exceeds 400% of the FPL