

Operating Procedure 120-22<sup>1</sup>

**Financial Assistance Policies and Procedures**

**To:** Distribution “B”<sup>2</sup>

**From:** Mitchell Katz, MD  
President and Chief Executive Officer

**Date:** January 31, 2025

**Effective Date:** February 10, 2025

**I. Purpose:**

This Operating Procedure and Policy incorporates procedures and guidelines to ensure compliance with NYS Hospital Financial Assistance Law (Public Health Law Section 2807-k (9-a)) (“HFAL”) which requires notification to patients of the availability of a process to reduce medical bills. This Policy intends to expand beyond the requirements of HFAL in order to support the role of NYC Health + Hospitals (“NYC H+H” or the “System”) as the public safety net health care system of New York City and to support its mission to offer a wide range of high quality and affordable health care services to keep our patients healthy and to address the needs of New York City’s diverse population.

This Policy reflects the creation of the NYC Care program. NYC Care and H+H Options are two Financial Assistance programs offered to NYC H+H patients that provide for a reduction of fees for medical services provided by NYC H+H

**II. Scope:**

This Policy applies to all NYC Health + Hospitals Article 28 acute care hospital facilities and services (except skilled nursing facilities and ambulatory care clinics operating as Gotham Health). It governs the System's obligation to inform patients of Financial Assistance resources and counsel patients regarding their Financial Assistance program eligibility. It is intended to provide benefits

---

<sup>1</sup> This Operating Procedure (“OP” or “Policy”) supercedes and replaces OP 120-22 NYC *H+H Financial Assistance Policies and Procedures*, dated April 15, 2022, and any subsequent changes thereto in its, entirety.

<sup>2</sup> See Operating Procedure 10-11 for the titles of the individuals covered under Distribution “B.”



to patients in accordance with NYS law and NYC Health + Hospitals' mission, while maximizing the availability of insurance coverage for our patients.

### III. Policy:

NYC Health + Hospitals provides health care services regardless of patients' ability to pay. Publicly subsidized and other insurance is a critical and important means to make NYC H+H's mission sustainable and to provide the best care for patients. NYC H+H will optimize efforts to assist patients in obtaining insurance coverage. If insurance coverage is not available or affordable, NYC H+H offers NYC Care and H+H Options to make its care more affordable to patients.

This OP incorporates guiding principles from HFAL with NYC H+H policy and procedures for conducting financial counseling screening,, determining eligibility for fee reduction, fee scales, deposits and installment plan parameters, appeal rights, and more.

### IV. DEFINITIONS:

**"Financial Assistance Program"** means a program that provides for a reduction of fees for medical services provided. NYC H+H offers two Financial Assistance Programs for qualifying patients: NYC Care and H+H Options.

**"NYC Care"** is a NYC H+H program that provides discount services and other benefits to Uninsured Patients based on income and family size who adhere to financial assistance policy requirements and NYC Care residency requirements.

**"H+H Options"** is a NYC H+H program that provides discount services to Uninsured Patients or Underinsured Patients based on income and family size who adhere to financial assistance policy requirements and meet all NYC Care eligibility requirements except for NYC Care residency requirements or require services at NYC H+H not available under NYC Care.

**"Financial Counseling Screening"** refers to a process through which a patient or potential patient is screened for insurance eligibility.

**"NYC H+H Facilities"** refers to all NYC Health + Hospitals facilities, except skilled nursing facilities or ambulatory care clinics operating as Gotham health, and all services provided therein.

**"Insurance Coverage"** includes group health insurance coverage, Medicare, Child Health Plus, Essential Plan, Medicaid coverage, other publicly subsidized programs for individuals or unsubsidized Qualified Health Plans.

**"Unaffordable Insurance Coverage"** means insurance coverage for which a patient or potential patient is eligible, but the monthly premium is not considered affordable under the Affordable Care Act.

**"Uninsured Patients"** means patients who have received or intend to receive services from NYC H+H but who do not have Insurance Coverage.

**“Underinsured Patients”** means patients who have received or intend to receive services from NYC H+H and have exhausted their insurance benefits, have significant copays or coinsurance which the patient can show to be unaffordable, or are receiving services that are not covered by their insurance plan. Underinsured Patients include individuals whose out-of-pocket medical costs accumulated in the past 12 months exceed 10% of their gross annual income. Underinsured Patients do not include Non-Participating Patients.

**“Non-Participating Patients”** means patients who have Insurance Coverage from an HMO/commercial insurance that is not accepted at NYC H+H.

**“Refuse Financial Counseling Screening”** means an Uninsured Patient or Underinsured Patient who is unwilling to provide required information in order to complete an application through the New York State of Health Insurance Marketplace (“NYSOH”) or the Local Department of Social Services (“LDSS”) to determine eligibility for Insurance Coverage after it is determined that the patient or responsible party may be eligible.

**“Decline Enrollment in Eligible Coverage”** means an Uninsured Patient or Underinsured Patient who has participated in a Financial Counseling Screening and has been confirmed to be eligible for Insurance Coverage but declines to enroll in that coverage.

**“Referring Community Based Organizations (CBOs)”** means community-based organizations that have entered into an agreement with NYC H+H to allow its authorized staff to refer current or potential NYC H+H patients who they believe to be eligible for Financial Assistance Programs.

**“Family Size”** on a financial assistance application is the total number of members in the patient/applicant’s family. In addition to the patient/applicant, the other individuals that should be included in the family are Common Law and Domestic Partners, Children who are dependents of the applicant or spouse/partner, Adult children up to the age of 25 who are students and are not working full-time, Disabled Adult Children receiving social security benefits and Caretaker relatives for disabled or aged parents (not a child or grandchild).

**“Family Income”** on a financial assistance application the sum of all earned and unearned income receives by any member of the family. Sources of income include but are not limited to wages (full-time or part-time), child support, alimony, government assistance, social security, and pension income.

## **V. PROCEDURE:**

- 1) General Information
  - a) Only NYC H+H Financial Counselors or approved vendors are permitted to enroll patients in an NYC H+H Financial Assistance Program.
  - b) Standard corporate signs with information about the availability of Financial Assistance must be displayed in conspicuous areas within NYC H+H Facilities.

Signs include a location where information about Financial Assistance can be obtained and the phone number for patients to speak with a Financial Counselor. NYC H+H Facilities are responsible for obtaining standard corporate signs and brochures for distribution to patients in dominant languages spoken by its patient population.

- c) Patient statements will include information about the availability of Financial Assistance Programs and information about how to apply, including the NYC H+H website, the phone number for patients to speak with a Financial Counselor.
- d) NYC H+H staff who interact with patients and/or have responsibility for patient registration, financial counseling, billing and follow up will be trained in the implementation of this Policy.
- e) In accordance with HFAL, NYC H+H has a mechanism for its hospitals to measure its compliance with financial aid policies and procedures.

## 2) Patient Access

- a) Financial Counseling Screening will be offered to Uninsured Patients and Underinsured Patients at various times, including at scheduling, registration, at inpatient admission, during an inpatient stay and after discharge.
  - i. Financial Counseling Screening is offered via referral by Schedulers, Outpatient/Clinic and Emergency Department Registration staff, Admitting Staff and other NYC H+H staff; or
  - ii. Referral by a CBO; or
  - iii. Outreach by a NYC H+H Financial Counselor; or
  - iv. Outreach by NYC H+H electronically (e.g. email, text message, MyChart, etc.)
- b) Patients can also self-refer for Financial Counseling Screening through a variety of pathways, including through information obtained via the New York City Information and Referral Service Number (311), NYC H+H website, MyChart, and at NYC H+H Facilities where medical services are provided.
- c) Non-Participating Patients with non-emergent conditions and not in active labor should be referred to a NYC H+H Managed Care Office for enrollment in a participating health plan or to their HMO/insurance representative for a referral to a participating provider. Refer to No Surprises Act and Redirection policies for additional details.

- d) Patients may apply for Financial Assistance Programs regardless of their immigration status or ability to pay.
- 3) Eligibility
- a) Patients are eligible for NYC Care if they meet the following requirements:
    - i. Currently reside and intend to remain in New York City; and
    - ii. Have gross income at or below 500% of the Federal Poverty Level (“FPL”) for their household size. (Patients with gross income above 500% of the FPL qualify for the NYC H+H selfpay rate); and either:
      - a) Have completed Financial Counseling Screening and been found ineligible for Insurance Coverage or have only Unaffordable Insurance Coverage available to them; or
      - b) Have completed a Financial Counseling Screening and are found to be eligible for Medicaid for Emergency Services Only or Medicaid for Pregnant women.
  - b) Patients may be eligible for H+H Options if they meet all of the eligibility criteria above except for the NYC residency requirement at Paragraph (3)(a)(i) and meet one of the following:
    - i. Such patients with bills for emergent treatment or hospitalizations admitted through the Emergency Department who reside in New York State or are visitors with a New York State address; and
    - ii. Such patients with bills for emergent treatment or hospitalizations admitted through the Emergency Department who are visitors to New York City and can provide proof of visiting; and
    - iii. Such patients receiving non-emergent outpatient and inpatient services who are visitors with a New York City address, except Non-Participating Patients.
    - iv. Patients or visitors from Westchester or Nassau County are eligible for H+H Options if receiving services at any NYC H+H Facility.
  - c) Eligibility shall not exceed one year from the date of NYC Care enrollment for outpatient services. Eligibility may be established for less than one year based on date of most recent Financial Counseling Screening and/or for patients who do not qualify for Insurance Coverage solely due to the need to apply during a New York State of Health open enrollment period. Eligibility may be re-evaluated for each inpatient admission.

- d) Patients who refuse Financial Counseling Screening are not eligible for NYC Care or H+H Options unless a designated Financial Counseling supervisor signs a hardship waiver for the patient (Attachment D).
  - e) Patients who complete a Financial Counseling Screening and have applied and been found eligible for Insurance Coverage, but who decline to enroll in that coverage, are not eligible for NYC Care, or H+H Options unless a designated Financial Counseling supervisor signs a hardship waiver for the patient (Attachment D).
  - f) A patient may complete a Financial Counseling Screening with an NYC H+H Financial Counselor or may present documentation from NYC H+H partners such as MetroPlus, HealthFirst, Referring Community Based Organizations (CBOs), the New York State of Health Insurance Marketplace (NYSOH) or the LDSS, indicating completion of Financial Counseling Screening within the last 30 days.
  - g) Notwithstanding the above, patients who are actively enrolled in Medicaid with coverage for Emergency Services only shall be determined presumptively eligible for a fee reduction otherwise available under the Financial Assistance Program for non-emergent care received without the need for an additional Financial Counseling Screening. Patients who fall into this category who are pregnant women or children under the age of 1 shall automatically qualify for a discount at the 201-250% FPL; and all other patients who fall into this category shall automatically qualify for a discount at the 0-200%FPL. Such patients shall be notified of having been determined presumptively eligible for this discount. As part of this notification, such patients shall be advised that if they believe they may be eligible for a further discount, they may contact a Financial Counselor for an additional review.
- 4) Procedures
- a) During the Financial Counseling Screening, Financial Counselors will request identification, proof of address and proof of income and other documentation as required as part of the process for applying for Insurance Coverage and/or Financial Assistance. Financial Counselors should refer to approved training materials for a list of acceptable documents. NYC H+H, in accordance with IRS regulations, may use the prospective method to evaluate income and resources.
  - b) During the Financial Counseling Screening, patients will first be screened for Insurance Coverage. Patients eligible for Insurance Coverage will be assisted through the application process and enrolled in coverage.

- c) Patients deemed ineligible for Insurance Coverage or who only have Unaffordable Insurance Coverage options available to them are not asked to re-produce the same or similar documents for Financial Assistance Programs.
- d) Patients who are not eligible for Insurance Coverage or who only have Unaffordable Insurance Coverage options available to them will be evaluated for Financial Assistance Programs.
- e) NYC H+H will provide a written response to all completed applications for Financial Assistance Programs approving or denying the application within 30 days after receipt of a completed application. If an application is not complete, the patient should be asked to provide the necessary information to complete the application. If the patient does not provide the requested information the application may be denied.
- f) Patients are not required to pay NYC H+H bills while applications for Insurance Coverage or Financial Assistance Programs are pending; staff must advise patients that once they submit a completed application including documentation, they do not need to make any payments while the Insurance Coverage application or a Financial Assistance Programs application is pending.
- g) Patients eligible for Financial Assistance Programs will be informed regarding their fee reduction amount and given a copy of the “Notice of Reduced Fee Determination” form (see Attachment B). The form will be provided personally, electronically or mailed to patients and scanned into the NYC H+H Health Information System (“HIS”).
- h) Patients not eligible for Financial Assistance Programs will receive a “Notice of Reduced Fee Denial” giving the reason for the denial and a “Notice of Appeal” form. The forms will be provided personally, electronically or mailed to patients. The Notice of Reduced Fee Denial form contains the phone number of the NYS Department of Health Complaint Hotline. (Attachment C)
- i) Patients in receipt of a Notice of Appeal form will be advised to return the completed form and supporting documentation to the attention of a Designated Finance Representative (e.g. Patient Access Director, Patient Account Director and/or other specified Facility Finance Officers) within 30 days of the date of the determination. The Designated Finance Representative will review the appeal and determine whether to uphold or reverse the initial determination. Appeals may be escalated as necessary by the Designated Finance Representative to the Fee Settlement Board of NYC H+H.



- j) There is no time limitation for applying for Financial Assistance Programs. Patients with old or delinquent accounts may apply for Financial Assistance. Refer to Selfpay Collections and Bad Debt policy for additional details.
- 5) Fee Scales, Deposits and Installment Plans
- a) Patients who meet the criteria provided in this Policy are eligible for discounts for medically necessary care. (Attachment A)
    - i. Patients with family incomes at or below 200% of the federal poverty level will receive a full 100% discount for health care services
    - ii. Patients with family incomes between 201-500% of the federal poverty level will be charged a higher fee according to Attachment A. Attachment A will be updated each calendar year with the latest Federal Poverty Line Guidelines.
  - b) Medically necessary care includes all care determined to be medically necessary by NYC H+H clinicians. Cosmetic services that are deemed restorative (e.g., breast implants after breast removal due to cancer or plastic surgery to repair facial damage resulting from injury or disease) may be determined to be medically necessary.
  - c) For patients who are enrolled in Insurance Coverage that is not yet active and where retroactive eligibility will not be available, H+H Options will be available for urgent or emergent services or for previously scheduled non-urgent appointments. New appointments for non-urgent or non-emergent services should be postponed until Insurance Coverage is active.
  - d) NYC H+H will not deny admission or treatment for medically necessary services as a result of an unpaid medical bill.
  - e) Scheduling medically necessary services cannot be delayed or postponed while awaiting pre-payments or deposits. Patients may not be charged deposits more than 10% of a patient's gross monthly income.
  - f) Installment plans are available for patient balances. Monthly installment amounts may not be more than 5% of the gross monthly household income., Patients may enter into extended payment agreements until the full balance is paid.
  - g) For patients for whom a physician determines that prolonged, chronic care is required, the physician shall prepare a "statement of need" indicating diagnosis, and expected length and frequency of treatment, which the patient should provide to a Financial Counselor. (Attachment F) The Financial Counselor shall scan this statement of need into the NYC H+H HIS.



During this course of prolonged and required chronic care, the NYC Care or H+H Options fee for that care should be charged no more than monthly. This paragraph supersedes Executive Order 29, dated January 1, 1985. Refer to NYC H+H Selfpay Policy for Recurring Services for additional details.

- h) Patients who express an inability to pay even according to the Financial Assistance Fee Schedule may be evaluated for a waiver of any fee or co-pay due. For such patients, a physician shall determine whether the fee or co-pay due for these services is needed to ensure services may be received without interruption. (Attachment G) The Financial Counselor shall scan this document into the NYC H+H HIS. During the period outlines on the form, the NYC Care or H+H Options fee for that care should be waived. Refer to NYC H+H Selfpay Policy for Recurring Services for additional details.
  - i) When a patient who qualifies for NYC Care or H+H Options is admitted to a NYC H+H hospital then transferred to a second NYC H+H hospital and discharged, the first hospital is responsible for billing the patient the reduced fee amount and the second hospital should write off any balance. The patient is not to be billed more than once.
- 6) Fee Settlement Board of NYC H+H
- a) The Fee Settlement Board of NYC H+H is established to handle the reduction of bills when patients do not qualify for or do not wish to have their NYC H+H bill reduced according to Financial Assistance Program guidelines. Refer to NYC H+H Fee Settlement Board guidance for additional details.
- 7) Collections and Collection Agencies
- a) Collections are prohibited against any patient who was eligible for enrollment in Medicaid at the time services were rendered and who cooperates with respect to applying for and enrolling in coverage under Medicaid to the extent such person is eligible. Collections are prohibited if the patient has submitted a completed application for Financial Assistance Program and the determination is pending.
  - b) Account balances reduced via an NYC H+H Financial Assistance Program cannot be reversed to full charges when referred for follow up debt collection activity.
  - c) NYC H+H's debt collection policies, must be consistent with this policy. Refer to NYC H+H Collection and Bad Debt policy for additional details.
- 8) Confidentiality

- a) Staff must respect and protect the privacy of all patients by keeping protected health information confidential in accordance with all federal, State and City laws and NYC H+H rules, policies, and guidance, including financial and immigration information.
  - b) Information regarding patients' immigration/residency status will not be given to outside agencies, except as required by law other than to support enrollment in Insurance Coverage.
- 9) Contact Information
- a) Questions regarding the NYC H+H Financial Assistance policy should be directed to the Patient Access Director, Patient Account Director and/or other specified Facility Finance Officers of any NYC H+H Facility.

## **VI. RESPONSIBILITIES:**

The Senior Vice President of Finance is responsible to oversee the implementation of this Policy and periodically review it for necessary revisions. NYC H+H Facility Chief Financial Officers are responsible for local implementation of the Policy. Central Office Revenue Cycle Services is responsible to support system-wide implementation.



## Attachment A: NYC H+H Financial Assistance Fee Scale Tables

Applicable to NYC Care and H+H Options

NYC Health + Hospitals  
Financial Assistance Sliding Fee Scale Table

Federal Poverty Levels	200% FPL	201 - 250% FPL	251 - 300% FPL	301 - 350% FPL	351 - 400% FPL	401 - 500% FPL
Medical Clinic Visit	\$0	\$20	\$20	\$30	\$40	\$50
Behavioral Health Clinic Visit	\$0	\$15	\$20	\$30	\$40	\$50
Vaccine-Only Visit	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Room Visit	\$0	\$30	\$30	\$60	\$60	\$100
Prescription Drugs (per prescription)	\$0	\$3	\$3	\$6	\$6	\$20
Ambulatory Surgery	\$0	\$200	\$200	\$450	\$450	\$650
MRI	\$0	\$50	\$50	\$100	\$100	\$150
PET	\$0	\$150	\$150	\$300	\$300	\$500
Inpatient Hospital Stay	\$0	\$150	\$400	\$900	\$1200	\$1500
Co-pays, Co-insurance and Deductibles	\$0	10% of cost share		20% of cost share		30% of cost share

Fees for patients with household income that is more than the above will be charged based on the NYC Health + Hospitals Selfpay rate.



Attachment B: Notice of Reduced Fee Determination

**Notice of Reduced Fee Determination**

Today's Date: \_\_\_\_\_

MRN #: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
[Last, First]

Guarantor Name: \_\_\_\_\_  
[Last, First]

**According to the information and documentation provided the above named patient is eligible for a free reduction as follows:**

**Check All That Apply**

Type of Visit	Dates of Service	Reduced Fee Amount
<input type="checkbox"/> Inpatient Admission	_____ to _____	
<input type="checkbox"/> Ambulatory Surgery	_____ to _____	
<input type="checkbox"/> MRI	_____ to _____	
<input type="checkbox"/> PET	_____ to _____	
<input type="checkbox"/> Emergency Dept. (per visit)	_____ to _____	
<input type="checkbox"/> Clinic (per visit)	_____ to _____	
<input type="checkbox"/> Pharmacy (per prescription)	_____ to _____	

\_\_\_\_\_  
Name of Financial Counselor [Last, First]

\_\_\_\_\_



Signature of Financial Counselor

Date

---

Name of Financial Counseling Supervisor [Last, First]

---

Signature of Authorized Financial Counseling Supervisor

---

Date





Enclosed is a Notice of Appeal form. You have 30 days to complete the form and return it to the address above. You will receive written notification of the decision within 30 days of receipt of the appeal.

Please include copies of documents and provide information that you would like considered as part of your appeal.

You also have the right to contact the NYS Department of Health's complaint hotline regarding the matter at (800) 804-5447.

\_\_\_\_\_  
Name of Financial Counselor [Last, First]

\_\_\_\_\_  
Signature of Financial Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Financial Counseling Supervisor [Last, First]

\_\_\_\_\_  
Signature of Authorized Financial Counseling Supervisor

\_\_\_\_\_  
Date





**Attachment D: Hardship Waiver of Insurance Application or Enrollment**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

**Financial Counseling: Hardship Waiver of Insurance Application or Enrollment**

**Financial Counselor - Recommendation**

- Patient refused to supply documentation to apply for insurance but demonstrated a hardship
  
- Patient is eligible for coverage and refused to enroll but demonstrated a hardship

\_\_\_\_\_  
Name of Financial Counselor [Last, First]

\_\_\_\_\_  
Signature of Financial Counselor

\_\_\_\_\_  
Date

**Financial Counseling Supervisor – Waiver Approval**

By signing below I acknowledge that I have reviewed this case and agree that a significant hardship prevents the above referenced patient from applying for or enrolling in eligible health insurance coverage.

\_\_\_\_\_  
Name of Financial Counseling Supervisor [Last, First]

\_\_\_\_\_  
Signature of Authorized Financial Counseling Supervisor

\_\_\_\_\_  
Date

**Attachment E: NYS Self Declaration Form 4444**

Attachment V

NEW YORK STATE DEPARTMENT OF HEALTH  
Office of Health Insurance Programs

**Self-Declaration of Income**

Name: _____ App Reg./Case # : _____
Social Security Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

**Complete the information below only if you have no other way to document your income. All of the boxes below must be checked and all questions answered. Failure to complete this form may result in denial of your application.**

- I get paid in cash.
- I do not get pay checks.
- I do not get pay stubs.
- I cannot get a letter from my employer. **Explain why:** \_\_\_\_\_

My cash income is \$ \_\_\_\_\_ How often (weekly, monthly etc.) \_\_\_\_\_

Current Employer: \_\_\_\_\_

**Applicants/Recipients must read the following and sign below**

I certify that I have no other way to document my income and that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for Public Health Insurance Programs. I understand that program officials may verify information on this form. I also understand that if I intentionally misrepresent my income, I may have to repay benefits received and may be prosecuted under State law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Facilitated Enrollers must read the following and sign below**

I certify that I asked the applicant/recipient about all sources of income received by the household and, before using this form, used best efforts to obtain other possible sources of documentation. The information reported on this form was provided solely by the applicant/recipient and reflects the income the applicant reported to me. I did not modify the information in any way. I understand that if I intentionally falsified information on this form or if I assisted the applicant in falsifying any information, I may lose my job and may be prosecuted under State law.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment F: Certification of Need for Prolonged Chronic Care**

**Certification of Need for Prolonged, Chronic Care**

*To be certified by the treating Physician*

Today's Date: \_\_\_\_\_

MRN #: \_\_\_\_\_

Account #: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
[Last, First]

Diagnosis Requiring Prolonged Chronic Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected duration of treatment: \_\_\_\_\_  
*Number of weeks/months/years; or date of final treatment*

Expected frequency of treatment: \_\_\_\_\_  
*Daily/weekly*

**CERTIFICATION**

I certify that the above information is accurate.

\_\_\_\_\_  
Name of Certifying Physician [Last, First]

\_\_\_\_\_  
Signature of Certifying Physician

\_\_\_\_\_  
Date



**Attachment G: Financial Counseling: Fee/Co-pay Waiver**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

EMPI/MRN: \_\_\_\_\_

**Financial Counseling: Fee/Co-pay Waiver**

**Clinical Attestation**

The patient above is under my care or receiving services from me at NYC H+H. The services are necessary in order to ensure that his/her medical condition does not become life threatening. I request that a financial counselor review the patient’s case and waive the fee or co-pay due for these services if needed to ensure services may be received without interruption.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Financial Counseling Supervisor – Waiver Approval**

The patient above qualifies for a fee or co-pay waiver due to financial hardship.

\_\_\_\_\_  
Signature of Financial Counseling Supervisor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



Signed By	Title	Department	Date Signed
Mitchell Katz	President and CEO	OFFICE OF THE PRESIDENT	02/19/2025
Andrea Cohen	General Counsel	GENERAL COUNSEL	02/14/2025
Theodore Long	Senior Vice President	AMBULATORY CARE OPERATIONS	02/02/2025
Matthew Siegler	Senior Vice President	OFFICE OF THE PRESIDENT	02/01/2025
John Ulberg	Senior Vice President	FINANCE ADMIN	02/19/2025
Catherine Patsos	Corp Compliance Officer	OFFICE CORPORATE COMPLIANCE	01/31/2025