



Business Office  
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## **FINANCIAL ASSISTANCE POLICY FAQ SHEET**

### **What is our financial assistance policy?**

Concord Imaging Center is committed to extending a program of financial assistance to individuals and families who receive medically necessary services who are uninsured, underinsured or who experience a catastrophic health care event; and who do not qualify for any other state or federal assistance programs. Individuals and families must submit an application for financial assistance and may be offered assistance in the form of free or discounted care if found to be eligible. Concord Imaging Center will not discriminate in the determination of financial assistance eligibility.

### **What if I already have financial assistance through Concord Hospital?**

If you already qualify for financial assistance through Concord Hospital, you are eligible for CIC financial assistance. Please call our office for further information.

### **Who can apply for financial assistance?**

Any and all patients served by Concord Imaging Center may apply for financial assistance for any medically necessary services.

Financial assistance is not available for cosmetic procedures, investigational services or elective non-covered services as specified by Medicare and other third party coverage guidelines.

Financial assistance is not available for individuals whose accounts have been sent to the collection agency.

### **How do you apply for financial assistance?**

An application for financial assistance will be available upon request for any active account. A completed application with all necessary documentation as outlined by the financial assistance cover letter must be returned to the billing office within 30 days of the initial request.

Applicants for the Concord Imaging Center Financial Assistance Program must have exhausted all other means of payment prior to submitting an application for assistance. Proof of new Medicaid eligibility will be presumptive eligibility for Concord Imaging Center.

**Is there a partial discount available?**

All patients, regardless of income, may be asked to participate in paying a portion of their health care costs.

If a patient is only approved for a partial financial assistance discount, a payment plan will be established for the remaining balance(s) to be paid in full within 12 (or up to 24) months as approved by the Administration

**How are applications accepted for financial assistance awards?**

A decision on the financial assistance will be completed within 30 days from the receipt of a completed application package. If the application is not completed within 30 days and the applicant has been notified of additional information required, a letter denying the application will be issued. All decisions will be reviewed and approved by the Administration. If denied for financial assistance the applicant will not be eligible for another application for six months. All notifications to the patient will be completed in writing.

**How long will a financial assistance award be valid?**

A financial assistance determination will remain valid and in effect for six months from the date of approval. During the award period, a patient must call the billing office following receipt of a bill for any new services to request that the award be applied to the new services. The billing office will not immediately be aware of the award during charge entry. A phone call from the patient is mandatory for application of the award to subsequent services during the award period. Awards for Catastrophic Assistance will only be for health care services related to that event and will not automatically apply to future or past services. Applicants may be asked to submit further supporting documentation during that year if family circumstances change in any manner.

**How do I fill out the form if I live with someone? (Housemate/significant other/Parent(s))**

Please list all members who financially contribute to your household in the Spouse/Guardian field. If you have more than one member contributing please enter this information on the back of the application or on a separate piece of paper. Please note that this application is based on household income, expenses, and assets and not on an individual basis.

**How do I fill out this form if I have a roommate?**

If living with a roommate, be sure to only include the share of expenses that you are financially responsible for. Please note however, depending on some circumstances, documentation may require from the individual.

Should you have further questions, please contact the billing office at (603) 228-1521.