



Financial Assistance - Charity Care Program

At Westfield Memorial Hospital it is our mission to provide Emergency and medically necessary treatment to all people regardless of race or creed or ability to pay. This mission is communicated to patients and their family members through signs posted in the hospital and, wherever possible, by patient access and account representatives.

The information below may also help you determine if you and others may qualify for financial assistance under our Charity Care Program.

Westfield Memorial Hospital is not permitted to routinely waive the portion of our charge which is the patient's responsibility, however, all patients and patient guarantors are permitted to apply for financial assistance through our Charity Care program. All patients requesting Charity Care must first complete the financial assistance screening and aid application, if applicable, to be considered for this program.

You can visit our main lobby Registration office or call us to discuss the program and obtain an application. Once we receive the completed application and all requested information, we will assess your qualification for this program. If you qualify for the program, all qualified accounts will be considered for a partial or full write-off and you will no longer be held responsible for payment of some or all of the account balances.

Household Members	100% Discount Federal Poverty Level - 100%		75% Discount		
	100%	200%	201%	-	300%
1	\$ 11,770	\$ 23,540	\$ 23,658	-	\$ 35,310
2	\$ 15,930	\$ 31,860	\$ 32,019	-	\$ 47,790
3	\$ 20,090	\$ 40,180	\$ 40,381	-	\$ 60,270
4	\$ 24,250	\$ 48,500	\$ 48,743	-	\$ 72,750
5	\$ 28,410	\$ 56,820	\$ 57,104	-	\$ 85,230
6	\$ 32,570	\$ 65,140	\$ 65,466	-	\$ 97,710
7	\$ 36,730	\$ 73,460	\$ 73,827	-	\$ 110,190
8	\$ 40,890	\$ 81,780	\$ 82,189	-	\$ 122,670
9	\$ 45,050	\$ 90,100	\$ 90,551	-	\$ 135,150
10	\$ 49,210	\$ 98,420	\$ 98,912	-	\$ 147,630

*For households with more than 8 members, add \$4,160 to income for each additional member

If you feel that your income is at or above the guidelines listed or you have high medical bills, you may still be eligible for a discount program available to most patients who do not have any insurance coverage. If you have questions, please contact us at 866-793-1430 (toll-free) and we will be glad to advise you.

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Frequently Asked Questions

What is the Charity Care Program ?

Westfield Memorial Hospital has a program to assist uninsured and under-insured patients who reside in the Westfield Memorial Hospital primary service area, Chautauqua County and demonstrate a financial inability to pay.

What is the decision based on?

The decision is based on your yearly income, the size of your family and other factors. These factors will be compared to guidelines approved by the Westfield Memorial Hospital Board of Directors to determine eligibility for this program.

What documentation is required?

Required document includes proof of current income, such as most recent 3 payment cycles, a benefit letter from Social Security Administration or a benefit letter from the Unemployment Compensation office. Other documentation may be required based on individual circumstance.

What if I exceed the income limit?

Even if you exceed the income limit, you may still be eligible for a discount program.

How do I apply?

You can apply by calling the Westfield Memorial Hospital Patient Access Services-Customer Service office weekdays (8:30 a.m. to 3:00 p.m.) to request a financial evaluation form for Charity Care. The form will be sent to your home to complete and return with the required documentation. You can also call this number to ask questions and discuss your concerns. If you need assistance, financial counselors are available to help.

What accounts are considered for partial or full write-off?

All open accounts due to Westfield Memorial Hospital will be considered.

For more information call 866-793-1430 (toll-free), Monday through Friday from 8:30 a.m. to 3:00 p.m.