How do I apply:

Fill out an application. Applications are available at CRMC:
- Admitting Department
- Any CRMC Registration Area
- Business Office, call 756-3530

You must also provide the following:
- A copy of your Federal 1040 Income Tax return.
- A copy of your W-2 (s).
- A copy of your last 4 pay stubs.
- A copy of the last 4 pay stubs for anyone in your household who works.
- Copies of all your most recent bank statements.
- A valid written Medicaid or other public insurance denial.
- Proof of residency

Return the completed application and required documentation to Cortland Regional Medical Center

If you have any questions please call: (607) 756-3530

Cortland Regional
MEDICAL CENTER

Cortland Regional Medical Center
PO Box 2060
Cortland, NY 13045

Do you need help with your hospital bill?

Because We Care

Part of our mission at CRMC includes offering assistance to those who need help paying their hospital bill

Financial Assistance Program
CRMC FINANCIAL ASSISTANCE POLICY

We have financial assistance to help cover CRMC services. We evaluate needs on a case-by-case basis.

You are eligible for help if:

- If you do not have health insurance coverage.
- If you have health insurance coverage but you are left with a balance on your bill.
- If you meet the income criteria listed in the Health and Human Services Poverty chart.

You are not eligible if:

- You do not fill out the whole application.
- You do not provide all the required documentation.
- Your income is higher than 300% of the Poverty Income Guidelines.
- You do not apply for public insurance programs, such as Medicaid.

Income Criteria:

Health & Human Services Poverty Income Guidelines for 2011:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,890 - 32,670</td>
</tr>
<tr>
<td>2</td>
<td>$14,710 - 44,130</td>
</tr>
<tr>
<td>3</td>
<td>$18,530 - 55,590</td>
</tr>
<tr>
<td>4</td>
<td>$22,350 - 67,050</td>
</tr>
<tr>
<td>5</td>
<td>$26,170 - 78,510</td>
</tr>
<tr>
<td>6</td>
<td>$29,990 - 89,970</td>
</tr>
<tr>
<td>7</td>
<td>$33,810 - 101,430</td>
</tr>
<tr>
<td>8</td>
<td>$37,630 - 112,890</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $3,820 for each

Eligibility Period:

- You have up to 90 days after services at CRMC to apply.
- If your request is approved, it is good for six months. However, if you have medical or financial changes we may review your case again.

Notification Period:

- A decision will be made within 30 days.
- If you disagree with the decision, you can appeal in writing within 20 days.
- Please note, you may be asked to provide more information to help us make a determination.