Financial Assistance Policy - Plain Language Summary

Connecticut Children’s Medical Center and Connecticut Children’s Specialty Group, Inc. (collectively “CT Children’s”) Financial Assistance Policy (“FAP”) exists to provide financial assistance to families who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergent or other medically necessary care based on their individual financial situations. Patients seeking financial assistance must apply for the program, which is summarized herein.

Eligible Services: Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within a Connecticut Children’s Medical Center hospital facility are covered under the FAP. Certain services which are separately billed by other providers may not be covered. Please refer to the appendix of CT Children’s FAP for a list of providers that provide healthcare services within the hospital facilities.

Eligible Patients: Patients receiving eligible services, who meet the eligibility criteria and submit a completed financial assistance application. Additional documentation may be required in certain circumstances. Financial Counselors will contact the patient when additional information is needed.

How to Apply: The FAP and FAP Application may be obtained/completed/submitted as follows:


- Request documents be mailed to you, by calling the Financial Counseling office at (860) 545-8086.

- Paper copies are available within various areas throughout CT Children’s facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and the Patient Access Department located at:

  Connecticut Children’s Medical Center
  282 Washington Street
  Hartford, CT 06106
Financial Assistance Eligibility: Generally, patients may be eligible for full financial assistance when their family income is less than or equal to 250% of the Federal Poverty Level ("FPL"). Additionally, patients may be eligible for partial financial assistance if their family income is greater than 250% but less than or equal to 500% of FPL.

Financial assistance levels, based solely on FPL are:

- Family income less than or equal to 250% of FPL
  Full financial assistance; $0 is billable to the patient.

- Family income greater than 250% but less than or equal to 500% of FPL
  Partial financial assistance; lesser of the 45% discount on charges available under this FAP or AGB.

Any individual determined to be eligible for financial assistance under the FAP will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under the FAP.

Availability of Translations: The FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served by CT Children’s.

For help, assistance or questions please call the Financial Counseling office at (860) 545-8086.