Connecticut Children’s Medical Center and Connecticut Children’s Specialty Group, Inc. (collectively Connecticut Children’s) Financial Assistance Policy (FAP) exists to provide financial assistance to families who have healthcare needs and are uninsured, underinsured, or 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 at Connecticut Children’s are covered under the FAP. Certain services which are billed separately by other providers or contracted vendors may not be covered. Please refer to the appendix of Connecticut Children’s FAP for a list of outside providers that provide healthcare services at Connecticut Children’s.

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

**HOW TO APPLY:** The FAP and FAP Application can be obtained, completed, and submitted as follows:

- Calling our Financial Counseling Office at 860.545.8086 Monday - Friday: 8:00am – 4:30pm
- Visiting the Cashier’s Office located at: Connecticut Children’s Medical Center 282 Washington Street | Office 2C Hartford, CT 06106

Applications can be sent to any of following:

- **Email:** FinCounselors@connecticutchildrens.org
- **Fax:** 860.545.9057; ATTN: Fin Counsel – PFA
- **U.S. Mail:** Connecticut Children’s Financial Counseling 282 Washington Street, Suite 2D Hartford, CT 06106

**Financial Assistance Eligibility:** Generally, patients may be eligible for full or partial financial assistance based on their family income in comparison to Federal Poverty Guidelines (FPL):

- **Full Financial Assistance** (100% or $0 billable to patient of services under the PFA):
  - Family income less than or equal to 250% of FPL
- **Partial Financial Assistance** (45% of applicable billable charges):
  - Family income greater than 250% but less than or equal to 500% of FPL

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 Translation Services:**
The FAP, Application, and other financial documents are available in English and in the primary language of populations with limited proficiency in English (LEP) that constitutes the most common 15 languages spoken in Connecticut. Email your request to writtentranslation@connecticutchildrens.org or call Language Services at 844.654.9113.

For assistance or questions pertaining to the financial liability of your care, call our Financial Counseling team at 860.545.8086. We are here for you!