St. John's Riverside Hospital

ANDRUS PAVILION/DOBBS FERRY PAVILION/PARKCARE PAVILION

NOTICE

FINANCIAL ASSISTANCE SUMMARY

St. John's Riverside Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided. Our Financial Assistance Program provides discounts to qualifying individuals based on your household income and family size. In addition, we may help you apply for free or low-cost insurance if you qualify. Just contact our Financial Counselor (914) 964-7799 or 914-964-7535 or go to or write a letter to St. John's Riverside Hospital, 2 Park Avenue, 4th floor, Yonkers, New York 10703 for confidential assistance.

Patients may contact the Hospital as noted above to request paper copies of Financial Assistance policies, application, and related documents by mail.

Patients may also visit the Hospital's website for Financial Assistance policies, application forms, and related documents at https://riversidehealth.org/patients-visitors/patient-financial-services/.

Translated copies of Financial Assistance policies, application, and related documents are available in Spanish and other applicable languages upon request by mail or telephone, and via the Hospital website as noted above.

WHO QUALIFIES FOR A DISCOUNT?

Financial Assistance is available for patients with limited incomes who are uninsured or underinsured.

Anyone who lives in the following counties: Westchester, Orange, Putnam, Rockland, Bronx, Manhattan (New York), Brooklyn (Kings) and Queens, may receive a discount on their medical bill from St. John's Riverside Hospital, if they meet the income guidelines listed below.

Immigration status shall not be considered when determining eligibility for financial assistance.

Patients cannot be denied admission or denied emergency or medically necessary treatment or services because of an unpaid medical bill.

Patients may apply for financial assistance at any point, starting from the date of service and throughout the collection process.

Any patient eligible for financial assistance shall not be charged more than the Amount Generally Billed ("AGB") for emergency or other medically necessary care.

WHAT ARE THE INCOME LIMITS?

The amount of the discount varies based on your household income and the number of people in your family. If you have no health insurance or are underinsured, these are the income limits:

FAMILY SIZE	ANNUAL FAMILY INCOME	MONTHLY FAMILY INCOME	WEEKLY FAMILY INCOME
1	UP TO $63,840	UP TO $5,320	UP TO $1,228
2	UP TO $86,560	UP TO $7,213	UP TO $1,665
3	UP TO $109,280	UP TO $9,107	UP TO $2,102
4	UP TO $132,000	UP TO $11,000	UP TO $2,538
5	UP TO $154,720	UP TO $12,893	UP TO $2,975
6	UP TO $177,440	UP TO $14,787	UP TO $3,412
7	UP TO $200,160	UP TO $16,680	UP TO $3,849
8	UP TO $222,880	UP TO $18,573	UP TO $4,286
FAMILY OF MORE THAN 8 PERSONS EACH ADDITIONAL FAMILY MEMBER $5,680			

Based on the 2026 Federal Poverty Guidelines

WHAT IF I DO NOT MEET THE INCOME LIMITS?

If you cannot pay your bill in full, St. John's Riverside Hospital, offers a payment plan. The amount you may pay depends on your total household income. Payment plans are available to those who exceed the income limits based on the balance and patient responsibility.

CAN SOMEONE EXPLAIN THE DISCOUNT? CAN SOMEONE HELP ME APPLY?

Yes, confidential help is available, call St. John's Riverside Hospital, Financial Counselor, at (914) 964-7799 or (914) 964-7535 or visit our website 'www.riversidehealth.org' or write to St. John's Riverside Hospital, Attention: Financial Counselor, 2 Park Avenue, 4th Floor, Yonkers, New York 10703 for more information.

If you do not speak English, someone will help you in your language. The Financial Counselor can tell you if you qualify for free or low-cost insurance, such as Medicaid, Child Health Plus and Family Health Plus.

If the Financial Counselor finds that you don't qualify for low-cost insurance, they will help you apply for our "Health Solution" discount. The Charity Care Program is designed to provide financial assistance for patients who are unable to pay for all, or a portion of their medical expenses incurred at the Hospital and who meet the eligibility guidelines established under the program. The Counselor will help you complete all necessary applications and provide a list of documents you would need to provide.

WHAT DO I NEED TO APPLY FOR A FINANCIAL ASSISTANCE?

The following documents are necessary to apply for financial assistance:

1. Either two current pay stubs, Social Security/Pension Award letter or other proof of income as advised by the Financial Counselor
2. State/Federal Photo Identification
3. Proof of address

If you cannot provide any of these, you may still be able to apply for financial assistance.

WHAT SERVICES ARE COVERED?

All hospital services are covered by discounts except for Cosmetic Surgery and Physician services.

Charges from private doctors who provide services in the hospital may not be covered. These may include, but are not limited to radiologists, pathologists, anesthesiologists, emergency room physicians, or providers of nursing home services. You should talk to your private doctor to see if they offer a discount or payment plan.

HOW MUCH DO I HAVE TO PAY?

The amount for an outpatient service or the emergency room starts at $0 for children and pregnant women. Other outpatient and inpatient services plus a New York State Surcharge, depend on your income.

Our Financial Counselor will give you details about your specific discount(s) once your application is processed.

Either a deposit or payment in full is required prior to providing services depending on your income, for non-emergency services. If you cannot pay the amount in full a payment plan may be set up for your convenience. The payment plan will not be more than 10% of your monthly income before tax.

Credit card pre-authorization:

a. Hospital shall not require credit card pre-authorization or require the patient to have a credit card on file prior to rendering emergency or necessary medical services.
b. Hospital may ask patients to voluntarily choose to have a credit card on file but may not require patient to do so.

Credit card risk notification:

a. Each time a credit card is used to pay for services, patients must be notified of the risk of paying for medical services with a credit card, including:
    i. Medical bills paid with credit card are no longer considered medical debt.
    ii. By paying with credit card, patients are forgoing federal and state protections around medical debt.
    iii. Protections that patients must acknowledge forgoing include:
        1. Prohibitions against wage garnishment and property liens.
        2. Prohibition against reporting medical debt to credit bureaus
        3. Limitations on interest rates
    iv. Patients must affirmatively acknowledge forgoing these protections by paying with a credit card.

HOW DO I GET THE DISCOUNT? HOW DO I APPLY FOR FINANCIAL ASSISTANCE?

You must complete an application and provide all necessary documents as noted above. As soon as all documentation is provided, we can process your application for a discount according to your income level.

Patients can apply for financial assistance at any point, starting from the date of service and throughout the collection process.

Bring or send by mail the completed application and other records to St. John's Riverside Hospital, 4th floor, Financial Assistance Unit, 2 Park Avenue, Yonkers, New York. Patients may also send the completed application and other records via email to Email Address GFlores@riversidehealth.org

HOW WILL I KNOW IF I WAS APPROVED FOR THE DISCOUNT?

St. John's Riverside Hospital will send you a letter within 30 days after completion and submission of documentation, telling you if you have been approved and the level of discount you will received. If your application is turned down, the hospital will inform you in writing stating the reason why your application was denied.

HOW MAY I APPEAL THE DECISION?

You may appeal any decision, including a denial or the amount of financial assistance awarded for which you qualified, by submitting a written appeal. Your approval or denial letter will include instructions explaining where to send the appeal.

Please send appeals to:

St. John's Riverside Hospital
Financial Assistance Appeal
2 Park Avenue, 4th Floor
Yonkers, New York 10703
Attn: Manager Financial Assistant Unit

If upon your appeal you still disagree with our conclusion, you may contact New York State Department of Health Complaint Hotline at 1-800-804-5447.

WHAT IF I RECEIVED A BILL WHILE I'M WAITING TO HEAR IF I CAN GET A DISCOUNT?

Should you receive a statement you may call the Financial Counselor at (914) 964-7799 or 914-964-7535 to discuss your application. You are not required to pay a hospital bill while your application for financial assistance is being considered and you may request to apply for financial assistance at any point, including during the collection process.

WHAT IF I HAVE A PROBLEM I CANNOT RESOLVE WITH THE HOSPITAL?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.