



Choosing Health

# Northeastern Vermont Regional Hospital

Get help paying for health care.

We have a financial assistance program to help you afford the care you need.

What is the financial assistance program?

We give free and low-cost care to people at Northeastern Vermont Regional Hospital (NVRH). It is for people who are uninsured and people who have insurance with out-of-pocket costs. It can be used for ongoing care and emergencies. The care must be medically necessary for your health.

Who can get financial assistance?

To qualify:

- **You must be a Vermont or New Hampshire resident.**
- **“Vermont resident”** includes students, people who are employed in Vermont, undocumented immigrants, people who live in Vermont but do not have housing (ex: homeless), etc.
- **Your income must be less than the limit.** There are different income limits for free and low-cost care. See the charts.
- **Your “liquid” resources must be less than the limit.** These are cash, checking and savings accounts, etc. (Your primary home, car, and retirement accounts will not count against you.)

## Income limits

Find your household size and income on the charts below. For most people, your household size will be the people listed on your taxes. If you make too much money for free care, you might qualify for low-cost care.

## Free care

You could get **free care (pay \$0)** if your household income is below **250% of the Federal Poverty Level**. In 2024, your income would need to be less than:

| Household Size | Maximum Income |
|----------------|----------------|
| 1 person       | \$37,650       |
| 2 people       | \$51,100       |
| 3 people       | \$64,550       |
| 4 people       | \$78,000       |
| 5 people       | \$91,450       |
| 6 people       | \$104,900      |
| 7 people       | \$118,350      |
| 8 people       | \$131,800      |

## Low-cost care

You could get a **50% - 70% discount** if your household income is below **400% of the Federal Poverty Level**. In 2024, your income would need to be in this range for your household size:

| Household Size | Income Range |
|----------------|--------------|
| 1 person       | \$60,240     |
| 2 people       | \$81,760     |
| 3 people       | \$103,280    |
| 4 people       | \$124,800    |
| 5 people       | \$146,320    |
| 6 people       | \$167,840    |
| 7 people       | \$189,360    |
| 8 people       | \$210,880    |

## Catastrophic care

Ask us about catastrophic care if you owe the hospital a lot of money, but your income is too high to qualify for free or low-cost care. It is for people with income that is less than 600% of the Federal Poverty Level and who owe more than 20% of their yearly income to the hospital for out-of-pocket costs. We can help you figure out if this could help.

***\*\*More information on next page\*\****

## How to apply

You can apply before or after you get services. If you apply after you get services, you must do this within one year of getting the first bill.

Follow these steps:

- 1. Get a free application.**
  - **In-person:** Patient Accounts Office
  - **Online:** <https://nvrh.org/patients-visitors/billing-financial/>
  - By mail: Call 802-748-7518 and ask us to mail you a copy for free.
- 2. Fill out the application.**
- 3. Give or send us your finished application.**
  - Drop it off at: Patient Accounts Office
  - Mail it to: NVRH, 1315 Hospital Drive, St Johnsbury, VT 05819

What happens next?

You will get a letter from us in the next 30 days. It will say if you are approved, denied, or need to send more information. If it has been more than 30 days and you do not get a letter, please call us: 802-748-7518.

## How to get help

You can get free help with the application.

- **Visit our financial counseling office:** Patient Accounts office.
- **Call:** 802-748-7518
- **Email:** [a.croteau@nvrh.org](mailto:a.croteau@nvrh.org)

## Free language support

We give free help to people who have communication or language needs. We can give interpretation and translation support. We can also help those who need this information in different ways. Tell us if you need language support.

## More information

Who accepts financial assistance

Everyone who works for the hospital accepts financial assistance. There are a few people and groups that can give people services at the hospital who do not accept it. You can find the list here: **[www.nvrh.org](http://www.nvrh.org)**. Or call our financial assistance office to ask us about your doctor: **802-748-7518**.

Read the full policy

This is a plain language summary of our financial assistance policy. Read the longer version with more details here: <https://nvrh.org/patients-visitors/billing-financial/> Or ask us for a free copy.

Non-discrimination

We do not discriminate based on race, color, sex, sexual orientation, gender identity, marital status, age, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, genetic information, protected veteran status or obligation for service in the armed forces.