NewYork-Presbyterian
Lawrence Hospital

NewYork-Presbyterian/Lawrence Hospital
Financial Assistance Summary

NewYork-Presbyterian/Lawrence Hospital recognizes that there are times when patients in need of care will have difficulty paying for the services provided.

If you do not have health insurance, or are underinsured, and worry that you may not be able to pay in full for your care, we may be able to help.

NewYork-Presbyterian/Lawrence provides financial aid to patients based on their income, assets and needs, regardless of the patient's area of residence or immigration status. In addition, we may be able to help you get free or low-cost health insurance or work with you to arrange a manageable payment plan.

All medically necessary services provided by Lawrence Hospital are covered by the discounts. This includes outpatient services, emergency care and inpatient admissions.

The amount of the discount varies based on your income and size of your family. If you have no health insurance the following income levels are used to determine eligibility for assistance:

2014 Guidelines

	Discount	**Discount**	**Discount**
	100%	**100%**	**50%**
Size of Family Unit	**FPL**	**200% FPL**	**300% FPL**
1	$11,670	$23,340	$35,010
2	$15,730	$31,460	$47,190
3	$19,790	$39,580	$59,370
4	$23,850	$47,700	$71,550
5	$27,910	$55,820	$83,730
6	$31,970	$63,940	$95,910
7	$36,030	$72,060	$108,090
8	$40,090	$80,180	$120,270

For families with more than 8 persons, add $4,060. for each additional person. Based on the 2014 Federal Poverty Guidelines)

If you receive a bill from NewYork-Presbyterian/Lawrence Hospital after you have filed a complete application for financial assistance, you may disregard the bill until a decision regarding your eligibility is reached.

If you think you may qualify under this program, please complete an application and return it to the hospital as soon as possible. All information used to evaluate your eligibility will be handled in a confidential manner.

If you receive a bill from Lawrence Hospital Center after you have filed an application for financial assistance, you may disregard the bill until a decision regarding your eligibility is reached. The hospital will notify you by telephone and by letter within 30 days of receipt of all requested documents whether your application has been approved or denied. If your application is denied you will received detailed instructions regarding our appeal process.

You may obtain an application from any of our registration departments.

For additional information:

If your last name begins with letter A through L please contact Ms. Ferrara in our financial counseling office at (914) 787-4008.

If your last name begins with letter M through Z please contact Ms. Romano in our financial counseling office at (914) 787-2196.

If you do not speak English, please advise our financial counselor that you need an interpreter.