

NEWYORK-PRESBYTERIAN/LAWRENCE HOSPITAL
FINANCIAL ASSISTANCE PROGRAM

APPLICATION CHECKLIST:

Your application will not be considered without the following:

1. Complete entire application and sign
2. Provide Proof of income :
 - a. Four(4) most recent pay stubs from each employer
or
 - b. Unemployment letter, Workers Compensation letter, Disability letter, Pension letter, Social Security letter
3. Provide a complete copy of current checking account statements for *all* checking accounts
4. Proof of dependent child college enrollment (if applicable)

Return completed application and documents to:

NewYork-Presbyterian/Lawrence Hospital
55 Palmer Avenue
Bronxville, NY 10708
Att: Financial Counselor

If you have any questions please contact our financial counselor Ms. Ferrara at 914-787-4008 (Last Names A-L) or Ms. Romano at 914-787-2196 (Last Names M-Z)

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.