Dear Applicant,

Thank you for choosing Central Vermont Medical Center as your health care provider.

If payment of your medical bills creates a financial hardship for you, you may be eligible for financial assistance through Central Vermont Medical Center’s Patient Financial Assistance Program. Our staff are here to help you and are willing to work through the process with you. Please note that before any financial assistance can be provided by Central Vermont Medical Center, our staff will work with you to identify other sources of payment.

The following criteria must be met to be eligible for financial assistance from Central Vermont Medical Center:

- You must be a permanent resident within The Central Vermont Medical Center financial eligibility area which includes all of Vermont.
- The services that were provided to you must be considered medically necessary essential health care services.
- The following types of services are not eligible for financial assistance
  - Cosmetic services - unless medically necessary based upon diagnosis with physician review
  - Birth control, infertility treatments, fertility services, sterilization and reversal of sterilization.
  - Services that have been placed in Collections beyond 120 days of placement
  - General dentistry unless extenuating circumstances are presented by the dental practice
  - Services to residents outside of the financial eligibility area unless provided in an emergency room setting
  - Services reimbursed directly to you by your insurance carrier or already covered by a third party
- Household income and assets must be within guidelines

If you meet the criteria and wish to apply for Central Vermont Medical Center’s Financial Assistance Program, please complete the enclosed application form. Please note, you will continue to be financially responsible for all services you receive until it is determined you qualify for assistance.

We are here to help, if you have any questions or require aid in understanding any part of the application process please contact a member of our Customer Service team at 802-371-4398 or 802-371-4209, or contact us by email at: customerservice@cvmc.org. For help in completing the application, a Customer Service Representative or Financial Advocate is available M-F, 8:30am-4:00 pm at the CVMC main campus, Patient Financial Counseling office 130, Fisher Road, Barre, VT 05602. Completed applications should be forwarded to the following address:

The University of Vermont Health Network - Central Vermont Medical Center
Patient Financial Assistance Program
PO Box 547
Barre, Vermont 05641

Page 1
For Your Convenience - Our Documentation Check List

To determine if you qualify for assistance, you will need to show proof of your income, and also supply documentation necessary for determination. Please fill out the attached application in full, sign it, and send the application along with a copy of each of the following documents (those that are applicable) for your household:

Note: If sending Bank Statement or Online documentation, copies must include the bank name, client name, balance and current date.

1.) Complete copy of your most recent Federal Income Tax Return including all schedules and forms, e.g. 1040, 1099 etc. Note: Cannot substitute W2’s, summaries, etc.
2.) Self-employed/Sole Proprietor must provide complete documentation of the following:
   a.) Federal Tax Returns and Year to Date Profit and Loss statement
   b.) Partnership: All of the above, plus Partnership Federal Tax Return
   c.) Corporation: All of the above, plus Corporation Federal Tax Return
3.) Copies of the two (2) most recent, consecutive paycheck stubs or a statement from the employer
4.) Copy of one (1) most recent bank statement, (e.g., savings, checking, money market, etc.)
5.) Copy of unemployment benefits statement if applicable (e.g., check, bank statement, online, etc.)
6.) Copy of disability compensation benefit statement/award letter (e.g., check, bank statement, online, etc.)
7.) Copy of social security, pension, retirement income (e.g., award letter, check stub, bank statement, etc.)
8.) Documentation of child support and/or alimony paid or received (e.g., cancelled check, garnishment, bank statement, etc.)
9.) Investment accounts - copies of current or quarterly statement from broker or financial institution
10.) Real Estate - tax assessment or tax bill, and mortgage balance statement on property owned, excluding primary residence
11.) Rental Income - Copy of current Schedule E of IRS form
12.) Appraisal for recreational vehicle from www.nadaguides.com and bank loan statement if applicable
13.) If an application for state assistance, (e.g. Medicaid, State Health Exchange) has been made in the last 60 days and you have received a decision, please provide a copy. Required during open enrollment.
14.) If proof of residency is required, please send one of the following: VT/NY/NH driver’s license, property tax bill, lease for property, or a utility bill
15.) Other: 

Please use the above checklist to be sure we have all the information we need to quickly and correctly process your application. It is important that your application be complete, and that all necessary documentation is received. All information you provide to us is confidential.
Questions & Answers and Information You Should Know...

Can I get help completing my application?
Yes. Please contact the Financial Counseling Office at 371-4398 or 371-4209 with questions, or email us at customerservice@cvmc.org. If you would like to speak to a representative in person our Financial Service Office is located at the Main Campus, Hospital, Level B, 130 Fisher Road, Barre, VT 05602. The staff at the Financial Assistance Program are also available to meet with you to complete the application. Please call them at 802-371-4398 to make an appointment.

If a question or section does not pertain to me, can it be left blank?
No. We cannot assume an unanswered question or section means it does not apply to you. One of the requirements when applying for financial assistance with Central Vermont Medical Center is a complete application. If a section or question does not apply, write "N/A" for not applicable.

I don't have all the documentation requested but the application is due back. Can I send what I have?
No. You must return a complete application with all the appropriate documentation or the application will be rejected unless supporting documentation is returned. Extension will only be made on a case by case basis for extenuating circumstances and must be requested by contacting the Financial Counseling office or the Patient Financial Assistance Program Specialist.

What is a tax assessment?
This is the tax bill you get yearly from your town clerk or City Hall office. It will say "Tax Bill" or "Property Tax Bill" at the top of the page. It gives the current housesite value, housesite municipal tax and housesite education tax values.

Where do I get the "book" value or loan value for my recreational vehicle?
If you have access to a computer and the Internet, you may go online to look up the year, make and model for an estimate at www.nadaguides.com. If you do not have access to a computer contact a local dealer. Please provide written documentation.

Why was the verification I sent for my bank account(s) not accepted?
We require a copy of the original bank statement(s). If this is not available we will only accept a substitute statement which has the following: bank name, client name, type of account, current date, and current balance. Each of these items must be printed on bank letterhead and not hand written.

What is a benefit award letter?
If you are receiving social security or disability benefits, this is the yearly letter that social security sends notifying you of your monthly eligible benefits. For verification purposes we will accept a copy of the benefit award letter, a copy of your social security (disability) check or if you have direct deposit we will accept your bank statement showing your social security deposit as verification. Whichever verification is used, the monthly eligibility benefits should match the amount given on the application.
Questions & Answers and Information You Should Know..., continued

I sent my W2's then I received my application back asking for my Federal Tax Return. Why?
There is a difference between your W-2's and your Federal Tax Return. A W-2 is simply a statement of your
earnings. Your Federal Tax Return is a complete recording of your total income. We require a copy of your
Federal Tax Return. W-2's cannot be used as a substitute. We also do not accept summaries from your eFiles
of Federal Tax Returns. If you do not have a copy of your Federal Tax Return contact the Internal Revenue
Service (IRS) at 1-800-829-9546 and request a tax return transcript at no cost or visit

What year of my Federal Tax Return do I send?
Provide the most current year - after April 15th.

My employer does not provide pay stubs, what should I do?
If pay stubs are not provided by your employer, an affidavit on letterhead from the company you work for will
be accepted. The affidavit must show gross pay, deductions, and net pay for one month. Please note, if you are
married or have a civil union partner, his/her verification is also required.

I do not complete a quarterly profit and loss for my business. Can I just send my current Federal Tax
If you are a self employed sole proprietor, Partnership, or Corporation, you will need to provide us with the
most current Federal Tax Return and the current year quarterly profit and loss statement. Even though your
business may not complete a profit and loss, it is a requirement when you apply for the Patient Financial
Assistance Program. If you are filing as a Partnership or Corporation we will need these Federal Tax Returns,
your personal Federal Tax Returns, along with the Partnership and/or Corporation Year-to-Date, Quarterly
Profit and Loss.

What is the coverage period for Patient Financial Assistance?
Financial Assistance is valid for up to six months and may include coverage to current balances unless
otherwise noted. Your coverage period will be indicated on your grant letter. If your income indicates you
may be eligible for Medicaid or another insurance program funded by the State, you will only be granted
financial assistance for current charges until a Medicaid application is made and a notice of decision letter is
received by the Patient Financial Assistance Program Specialist. If you are over the age of 65 and are on a
fixed income, you may be granted coverage up to one year.

How often do I need to re-apply for financial assistance?
The Patient Financial Assistance Program at Central Vermont Medical Center is not an insurance company or
a program such as Medicaid. We are here to assist patients who face financial hardship and are unable to pay
their bills. Financial Assistance should only be applied for if you have outstanding Central Vermont Medical
Center medical bills you cannot pay, expectation that an account currently pending insurance will leave a
balance, or expectation that a future scheduled service will leave you a balance.
Financial Assistance Application

Applicant's Information:

<table>
<thead>
<tr>
<th>Applicant Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>Home Phone Number</th>
<th>Medical Record #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>or check one:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>student</td>
<td></td>
<td>unemployed</td>
<td>disabled</td>
<td>retired</td>
</tr>
<tr>
<td></td>
<td>single</td>
<td></td>
<td>married</td>
<td>separated</td>
<td>divorced</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse Last Name</th>
<th>Spouse First Name</th>
<th>Middle Initial</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse Employer</th>
<th>or check one:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>student</td>
<td></td>
<td>unemployed</td>
<td>disabled</td>
<td>retired</td>
</tr>
</tbody>
</table>

Household Information:

Please list below all dependents who live in your household. Do not include non-dependents who reside in your household.

**Note:** You may include dependents for which you provide at least 50% support and who are reflected as dependents on your Federal Income Tax Returns.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Social Security #</th>
<th>Relation to Applicant</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Monthly Expenses:

<table>
<thead>
<tr>
<th>Rental or Mortgage Payment:</th>
<th>Real Estate Debt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Tax Amount Not Included in Payment Amount Above: $</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Utilities</th>
<th>$ _______</th>
<th>Credit Card</th>
<th>$ _______</th>
<th>Insurance (Auto/Life/Property)</th>
<th>$ _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto</td>
<td>$ _______</td>
<td>Health Insurance</td>
<td>$ _______</td>
<td>Alimony/Child Support</td>
<td>$ _______</td>
</tr>
<tr>
<td>Child Care</td>
<td>$ _______</td>
<td>Healthcare Bills</td>
<td>$ _______</td>
<td>Other:</td>
<td>$ _______</td>
</tr>
<tr>
<td>Living (food/gas)</td>
<td>$ _______</td>
<td>Medications</td>
<td>$ _______</td>
<td>Other:</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

Extenuating Expense Circumstances:

Additional Information:

Are you covered under any health insurance policy? ☐Yes ☐No

If yes, list insurance(s): ________________________________

If no, answer next question:

Did you enroll with Vermont Health Connect/Medicaid? ☐Yes ☐No

Date: ____________________ Final eligibility determination letter will be required.

If no, reason: ____________________

Did you file and/or are you required to file a Federal Income Tax Return? ☐Yes ☐No

You must provide copies of your current Federal Income Tax Return.

If no, reason: ____________________

Do you reside in Vermont greater than 6 months per year? ☐Yes ☐No

Do you have outstanding balances with any of The UVM Health Network partners?

☐ Alice Hyde ☐ UVMMC ☐ CVPH ☐ Elizabethtown ☐Yes ☐No
### Assets, Liabilities and Income

**REAL ESTATE** owned other than primary residence. Please check those that apply, or check 'Not Applicable'.

Note: Tax assessment/tax bill and mortgage balance statement, if applicable. Attach separate list if multiple properties exist.

<table>
<thead>
<tr>
<th>Property Type</th>
<th>Location (address)</th>
<th>Value: $</th>
<th>Mortgage Balance: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Type</th>
<th>Location (address)</th>
<th>Value: $</th>
<th>Mortgage Balance: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER ASSETS AND LIABILITIES:** Please check those that apply, or check 'Not Applicable'.

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Value: $</th>
<th>Loan Balance: $</th>
<th>Documentation required for verification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATV / Snowmobile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Debt</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monthly Income From:**

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Documentation required for verification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Salary Wages</td>
<td>$</td>
<td>$</td>
<td>2 consecutive pay stubs / employer pay statement</td>
</tr>
<tr>
<td>Self Employed</td>
<td>$</td>
<td>$</td>
<td>Tax Return plus current YTD Profit &amp; Loss</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
<td>$</td>
<td>Award letter, check stub, bank statement, etc</td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td>$</td>
<td>$</td>
<td>Check, bank statement, online, etc</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
<td>$</td>
<td>Check, bank statement, online, etc</td>
</tr>
<tr>
<td>Alimony / Child Support</td>
<td>$</td>
<td>$</td>
<td>Cancelled check, garnishment, bank statement, etc</td>
</tr>
<tr>
<td>Pension / Retirement Income</td>
<td>$</td>
<td>$</td>
<td>Bank Statement or Pension check stub</td>
</tr>
<tr>
<td>Disability</td>
<td>$</td>
<td>$</td>
<td>Check, bank statement, online, etc</td>
</tr>
<tr>
<td>Rental Income</td>
<td>$</td>
<td>$</td>
<td>Schedule E of IRS tax form</td>
</tr>
<tr>
<td>Dividend Income</td>
<td>$</td>
<td>$</td>
<td>Current/quarterly statement from financial institution</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
<td>Contact PAP Specialist</td>
</tr>
</tbody>
</table>

**Total:** $ $

**Cash, Savings and Investments:**

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Documentation required for verification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account Balances</td>
<td>$</td>
<td>$</td>
<td>Bank statement</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
<td>$</td>
<td>Bank statement</td>
</tr>
<tr>
<td>CD Account Balances</td>
<td>$</td>
<td>$</td>
<td>Copy of statement</td>
</tr>
<tr>
<td>Bonds</td>
<td>$</td>
<td>$</td>
<td>Copy of statement or bond</td>
</tr>
<tr>
<td>Annuities</td>
<td>$</td>
<td>$</td>
<td>Copy of statement</td>
</tr>
<tr>
<td>Money Market</td>
<td>$</td>
<td>$</td>
<td>Copy of statement</td>
</tr>
<tr>
<td>Trust Account</td>
<td>$</td>
<td>$</td>
<td>Copy of statement</td>
</tr>
<tr>
<td>Stocks / Mutual Funds</td>
<td>$</td>
<td>$</td>
<td>Copy of statement</td>
</tr>
<tr>
<td>Other - Specify:</td>
<td>$</td>
<td>$</td>
<td>Contact PAP Specialist</td>
</tr>
</tbody>
</table>

**Total:** $ $

---

**Please Read Carefully**

I am requesting financial assistance from Central Vermont Medical Center. I verify that all information I have provided is accurate and complete. Central Vermont Medical Center has my permission to pursue verification of pertinent information and exchange information regarding my accounts, application and supporting documentation with its affiliated providers. Any incorrect, incomplete or false information provided may cancel my application for financial assistance. I agree to repay the full financial assistance award if I receive payment of any kind for the medical services covered by this financial assistance application. Central Vermont Medical Center is authorized to access credit bureau files and reports, now and in the future for collection purposes. This authorization is given pursuant to Title 9, Sec.2480e of VT Statutes. All information provided will remain confidential under the provisions of HIPAA federal regulations.

**Signature of Patient (or Parent / Guardian if Patient is under 18)**

Date
Financial Assistance Program

2016 Income and Asset Guidelines

To be eligible for financial assistance from Central Vermont Medical Center, your income and assets should be at or below the monthly guidelines below. Some items such as your primary residence and non-recreational vehicles are not considered assets for this purpose. If your income exceeds the guidelines (400%) but you have extenuating circumstances, an application may be considered when submitted with a letter explaining your extenuating circumstances.

You must be a permanent resident within The Central Vermont Medical Center service areas: All of Vermont.

In order to manage our resources responsibly and to allow Central Vermont Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, Central Vermont Medical Center has implemented a policy with guidelines to provide assistance based upon a sliding fee scale. Balances after the financial assistance percentage have been applied shall remain the responsibility of the patient and should be paid promptly.

<table>
<thead>
<tr>
<th>FPLG</th>
<th>Less than 200%</th>
<th>201% - 250%</th>
<th>251% - 300%</th>
<th>301% - 350%</th>
<th>351% - 400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance Percentage</td>
<td>100%</td>
<td>85%</td>
<td>75%</td>
<td>65%</td>
<td>55%</td>
</tr>
<tr>
<td>Assets</td>
<td>&lt;$50,000</td>
<td>&lt;$50,000</td>
<td>&lt;$50,000</td>
<td>&lt;$50,000</td>
<td>&lt;$50,000</td>
</tr>
</tbody>
</table>

1 Person  <$1,990 <$2,475 <$2,970 <$3,465 <$3,960
2 Persons  <$2,670 <$3,338 <$4,005 <$4,673 <$5,340
3 Persons  <$3,360 <$4,200 <$5,040 <$5,880 <$6,720
4 Persons  <$4,050 <$5,063 <$6,075 <$7,088 <$8,100
5 Persons  <$4,740 <$5,925 <$7,110 <$8,295 <$9,480
6 Persons  <$5,430 <$6,788 <$8,145 <$9,503 <$10,860
7 Persons  <$6,120 <$7,650 <$9,180 <$10,710 <$12,240
8 Persons  <$6,810 <$8,513 <$10,215 <$11,918 <$13,620
9 Persons  <$7,500 <$9,375 <$11,250 <$13,125 <$15,000
10 Persons <$8,190 <$10,238 <$12,285 <$14,333 <$16,380
11 Persons <$8,880 <$11,100 <$13,320 <$15,540 <$17,760
12 Persons <$9,570 <$11,963 <$14,355 <$16,748 <$19,140
13 Persons <$10,260 <$12,825 <$15,390 <$17,955 <$20,520
14 Persons <$10,950 <$13,688 <$16,425 <$19,163 <$21,900
15 Persons <$11,640 <$14,550 <$17,460 <$20,370 <$23,280

Revised February 01, 2016

These guidelines are subject to change at any time.