TuftsMedicine

Financial Assistance Program
(FAP)

I. Purpose

Tufts Medicine, which includes Tufts Medical Center, Lowell General Hospital, MelroseWakefield Healthcare, and the network of employed practices, is committed to providing quality healthcare services to the community. Tufts Medicine provides medically necessary services to all patients regardless of their ability to pay. Tufts Medicine shall not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, gender identity, sexual orientation, age, or disability in providing its services. In order to provide such high-quality services and support the needs of its community, Tufts Medicine must maintain a viable financial foundation that includes the timely collection of its accounts receivable.

Tufts Medicine recognizes that some patients have limited means and may not have access to insurance coverage for all services. This policy has been developed to inform uninsured and underinsured patients with limited financial resources of the various Hospital financial assistance programs that might be available to them.

Patients who have the means are expected to pay for services provided by Tufts Medicine entities. This policy assumes that patients who have access to affordable insurance will apply for and maintain their coverage. Tufts Medicine financial assistance programs are intended to primarily serve patients who do not have health insurance from either a public (e.g., Medicare or Medicaid) or private (e.g., Blue Cross Blue Shield, Harvard Pilgrim, etc.) source and have an unmet financial need. If applicable criteria are met, discounts may be available to patients with demonstrated financial need either due to limited income or if their medical bills are an excessive portion of their income.

II. Definitions

Emergency Services: medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function

or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in 42 U.S.C. § 1395dd(e)(1)(B). A medical screening examination and any stabilizing treatment for an emergency medical condition, including but not limited to inpatient medical care or any other such service rendered to the extent required under the Emergency Medical Treatment and Labor Act (EMTALA) (42 U.S.C. § 1395(dd)), qualify as Emergency Services.

Urgent Services: medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health.

Medically Necessary Non-Emergency, Non-Urgent Services: services that do not meet the definition of Emergency or Urgent services but that are medically necessary. The patient typically, but not exclusively, schedules these services in advance.

Non-Medically Necessary Services: a procedure, test, or service that does not impact the quality of health or require emergency or urgent care to be rendered.

III. General Provisions

a. Participating Entities

This policy applies to services delivered and billed by the Tufts Medicine members at the locations set forth in Appendix A - Tufts Medicine Locations, Participating Entities. This policy does not apply to services delivered and billed by the entities listed in Appendix B - Tufts Medicine Provider Affiliate List, Non-Participating Entities even in the case where such services may be rendered in Tufts Medicine locations set forth in Appendix A.

b. Tufts Medicine Uninsured and Underinsured Patients are defined as:

1. Patients with no health insurance ("uninsured");
2. Patients whose only "insurance" is the Massachusetts Health Safety Net;
3. Patients who have balances resulting from having "exhausted" benefits under their insurance plan; or
4. Patients whose balance results from "non-covered" services where insurance has determined that the patient is fully responsible for the charges associated with the excluded services. This includes services where the insurer denied coverage due to the insurer's network limitation.

c. Patient Responsibilities:

i. The patient has a number of responsibilities to meet in order to qualify for assistance from the Hospital under this policy, including:
    1. Obligation to obtain and maintain insurance coverage, if affordable coverage is available to them;
    2. Obligation to apply for any government-sponsored insurance program they may qualify for;
    3. Obligation to submit, in a timely manner, all requested documentation of income, assets, identity, and residency that is required to enroll in State coverage and/or to complete the Tufts Medicine Financial Assistance Application;
    4. Obligation to keep Tufts Medicine apprised of current demographic and insurance information; and
    5. Obligation to pay all balances in accordance with agreed upon time frames.

d. Tufts Medicine Financial Coordination Procedure:
    i. Financial Coordination (FC) proactively reviews identifiable uninsured and underinsured patients scheduled for service. Patients are also referred to FC from departments throughout Tufts Medicine.
    ii. FC screens patients for eligibility for public and/or private insurance coverage
        1. Tufts Medicine Financial Coordinators screen patients for eligible state and federal programs. In order to be eligible for discounts under this policy, patients may be required to apply for a variety of state and federal programs, including but not limited to MassHealth and/or Medicare.
        2. If the patient meets public eligibility guidelines, FC will advise on the application process and assist the patient with the application when possible.
        3. If the patient does not meet public eligibility guidelines (i.e., based on their Federal Poverty Level ("FPL"), immigration status, etc.), is denied for any available public programs, or if the public program will not fully cover the patient's costs, FC will advise of private coverage options and screen the patient for eligibility under the Tufts Medicine Financial Assistance Discount Program (Section IV below).

IV. Tufts Medicine Patient Discount Programs

a. Tufts Medicine offers the following patient discount programs:
    i. Low Income Patient Discount, as qualified by Tufts Medicine FPL thresholds (Section IV(g))
    ii. Medical Hardship Discount, as qualified by Tufts Medicine thresholds (Section IV(h))
    iii. Uninsured and Underinsured Discount (Section IV(i))

Discounts under these programs may be granted to all balance(s) with a patient responsibility that meet Tufts Medicine determined thresholds in Appendix C- Tufts Medicine Financial Assistance Discount Amounts, excluding patient co-payments, deductibles, and co-insurance. If patients qualify for multiple discount programs, the program with the highest discount will be given.

Discounts will not be based upon any relationship that the patient or his/her family may have with any Hospital employee or member of the governing body. Discounts will not be extended based upon any consideration of "professional courtesy" for a clinician or his/her family. Discounts will not be offered to patients to induce the patient to receive services or otherwise be linked in any manner to the generation of business payable by a federal healthcare program nor will they be redeemable for cash for items or services provided by Tufts Medicine, or any other Tufts Medicine entity (this includes discounts to the gift shop, cafeteria, etc.).

b. Application and Screening Process:
    i. Patients must submit a completed Tufts Medicine Financial Assistance Application (Appendix D) along with the necessary supporting documentation in order to be considered for assistance. Necessary documentation may include, but is not limited to proof of: (1) annual household income (payroll stubs, record of social security payments, and a letter from the employer, tax returns, or bank statements), (2) citizenship and identity, (3) immigration status for non-citizens (if applicable), (4) assets of those individuals who are 65 and over, and (5) insurance information, including benefit coverage and network limitations. All supporting documentation must be submitted within 30 days of the initial submission of the application in order for the application to be considered by the Hospital.
    ii. Confidential applications may be submitted to the Hospital for minors and abused individuals. Such individuals should contact Financial Coordination.
    iii. Tufts Medicine does not take prior determinations of eligibility for Tufts Medicine financial assistance into account in making its determination on a patient's Financial Assistance Application.
    iv. Tufts Medicine reserves the right to re-verify eligibility for discounts every six months.

c. Approval for Coverage
    i. Tufts Medicine will notify patients in writing of Tufts Medicine program eligibility determinations. Reference Appendix E- Tufts Medicine Program Eligibility Determination Notifications.

ii. Tufts Medicine reserves the right to deny applications if all supporting documentation is not timely received.
iii. Appeals of program eligibility determinations may be reconsidered if an applicant provides the Hospital with new information.

d. Patient Income Limitations:
    i. For residents of the United States, the most recently published FPLs for the total income of the family will be used as the primary determinant for the discounts described in Section IV(g) and Section IV(h).
    ii. Non-US residents and US residents who meet the requirements of Section III(c) of this policy but who do not meet FPL qualifying criteria may be entitled to the Uninsured and Underinsured Discount as described in Section IV(i) below.
    iii. All patients who meet the requirements of Section III(c) of this policy may qualify for a Tufts Medicine Hardship Discount as outlined in Section IV(h) below.

e. Eligible Services:
    i. This policy is generally limited to medically necessary services provided and billed by Tufts Medicine entities including:
        1. Emergency Services:
        2. Urgent Services; and
        3. Non-Emergency, Non-Urgent Services.

f. Exclusions:
    i. Tufts Medicine does not provide financial assistance for Non-Medically Necessary Services as such services are determined by the treating clinician. Examples of services that are ineligible for financial assistance from Tufts Medicine include but are not limited to: nonmedical services (e.g., social, educational, or vocational, cosmetic surgery, research or other). The determination of which services are considered eligible for purposes of this policy resides solely with Tufts Medicine.
    ii. Tufts Medicine does not generally provide discounts to patients for Non-Emergency, Non-Urgent services where the need for the care was anticipated by the patient and the patient came to Tufts Medicine from outside its service area to receive care when the services are offered within the patient's in-network service area.
    iii. Patient co-payments, deductibles, and co-insurance are excluded from coverage under this policy.

g. Tufts Medicine Low Income Patient Discount:

i. For residents of the United States, the most recently published FPLs for the total income of the family will be used as the primary determinant. Discounts based solely on income are generally limited to patients with family income levels less than 301% of the FPL.
ii. Patients who meet this threshold shall not be charged more than the Amount Generally Billed (AGB) for emergency or medically necessary care. The discount value shall be calculated using a “look-back” method based on the actual paid claims for Medicare fee-for-service and private health insurance. The discount value calculation with be done at the entity-level. These discount values are outlined in Section IV(j) below.
iii. The discount determination is Tufts Medicine’s responsibility.
iv. Reference Appendix C and Appendix D for additional detail.

h. Medical Hardship Discount:
i. Massachusetts residents who do not meet the FPL thresholds requirements necessary to qualify for the Tufts Medicine Low Income Patient discount may still qualify for a Health Safety Net (HSN) discount from the Commonwealth of Massachusetts, if they can demonstrate that their medical expenses exceed 20% of their family income. Expenses must have occurred within the prior 12 months and are limited to those expenses that could potentially qualify as a medical expense under the Internal Revenue Service regulations.
ii. A Health Safety Net-INET application will need to be submitted to The Commonwealth of Massachusetts, along with all required documentation.
iii. Patients should contact the Financial Counseling team for assistance in submitting this application.

i. Tufts Medicine Uninsured and Underinsured Patient Discount Policy:
i. Tufts Medicine will offer a discount to patients of all income levels regardless of residency who meet the qualifications for “Uninsured ” listed in Section III(b) above.
ii. All Uninsured patients who meet the conditions of this policy are eligible for a discount of up to 30%.
1. For Non-Emergency, Non-Urgent services, payment must be made in full, or a payment plan agreed to, prior to service delivery. Should actual charges exceed the estimate, the patient must pay any additional amount owed within 30 days of the initial bill.
2. For Emergency or Urgent services, payment must be made, or a payment plan agreed to, within 30 days of the initial bill.

j. Basis for Calculating Amounts Charged to Patients:

i. Following a determination of a patient's eligibility for the discount programs set forth in Section IV(g) or Section IV(h) above, a patient will not be charged more for Eligible Services than the Amount Generally Billed ("AGB"), which will be determined for each individual Hospital entity. Lowell General Hospital, Tufts Medical Center and MelroseWakefield Hospital will each have unique AGB amounts.
ii. Tufts Medicine determines the AGB by first dividing the total payments by total charges for all commercial and Medicare fee-for-service (FFS) plans in the aggregate for the prior year to determine the Payment on Account Factor (PAF) for the prior year. The minimum Tufts Medicine Low Income Patient discount is equal to the inverse of the prior year's PAF, which is the AGB.
iii. For example, inpatient calculation:
    1. Total Payment from commercial and Medicare FFS plans: $550
    2. Total Charges for commercial and Medicare FFS plans: $1,000
    3. PAF: 55%
    4. Tufts Medicine Low Income Patient AGB Discount: 45%
iv. The AGB amounts at each Tufts Medicine hospital entity are determined from commercial and Medicare FFS plans' paid claims for the period 1/1/xx of the preceding year to 12/31/xx of that same year and are specific to individual Tufts Medicine locations. The Tufts Medicine Low Income Patient Discount amounts, or the AGB are found in Appendix C, Tufts Medicine Financial Assistance Amounts, for each Tufts Medicine Hospital. Appendix C is updated annually and such updated version is incorporated herein.

V. Payment Plan

Interest-free payment plans for Eligible Services will be offered to all patients who meet the criteria set forth in Section III(c) above upon request. Final acceptance of a payment plan is subject to a complete review of the patient's status and payment history. Tufts Medicine will process and monitor all patient payment plans. Full patient compliance is expected if a payment plan is agreed upon. If a patient misses two consecutive payments, the payment plan is terminated and Tufts Medicine may place the account in Bad Debt in accordance with the procedures and protections set forth in the Tufts Medicine Credit and Collection Policy available to members of the public on the Tufts Medicine website www.tuftsmedicine.org/financialassistance. Upon notification from the patient of changed financial circumstances, the Hospital may re-evaluate the patient's outstanding payment obligation.

a. Patients that have been determined to be a Low-Income Patient or eligible for Medical Hardship under the Massachusetts Health Safety Net program are not required to meet the criteria set forth in Section III(c) prior to Tufts Medicine offering a payment plan. For HSN Low Income or Medical Hardship patients with a balance of $1,000 or less, such payment plan shall be at least a one-year, interest-free plan with a minimum payment of no more than $25 per month. For HSN Low Income or Medical Hardship patients with a balance of $1,000 or more, such payment plan shall be at least a two-year, interest free plan.
b. Patients that are not determined to be Low Income can set up a zero-interest monthly payment plan for any bill, even a bill for a health insurance co-payment, co-insurance, or deductible. Payment plans are limited to terms of 1 year for balances up to $1,000 and two years for balances over $1,000.

VI. Nonpayment

Tufts Medicine maintains a separate Credit and Collection policy that addresses the actions Tufts Medicine may take in the case of nonpayment and includes a list of patients who may be protected under State law from any collection action. Prior to engaging in any extraordinary collection actions under such policy, Tufts Medicine will make a reasonable effort to qualify a patient for financial assistance under this policy by notifying the patient in writing about the available assistance programs and assisting such individual with the completion of the Tufts Medicine Financial Assistance application. The Hospital's separate Credit and Collection policy is readily available to members of the public on the Tufts Medicine website at www.tuftsmedicine.org/financialassistance.

VII. Publication and Dissemination of the FAP

a. The Tufts Medicine Financial Counseling Departments, who offer financial counseling and financial assistance, may be reached:
    i. Tufts Medical Center
        1. Online at www.tuftsmedicine.org/financialassistance;
        2. By telephone at 978-937-6700; or
        3. In person at the following Tufts Medical Center locations:
            a. Biewend Building, 1st Floor, 260 Tremont Street, Boston, MA 02111
            b. Proger Building, 1st Floor, 800 Washington Street, Boston, MA 02111
    ii. Lowell General Hospital
        1. Online at www.tuftsmedicine.org/financialassistance;
        2. By telephone at 978-937-6700
        3. In person at the following Lowell General Hospital locations:
            a. Dahod Building, Ground floor, 295 Varnum Avenue, Lowell, MA 01854

b. Saints Campus, Gound floor, 1 Hospital Drive, Lowell, MA 01852

iii. MelroseWakefield Hospital
1. Online at www.tuftsmedicine.org/financialassistance
2. By telephone at 978-937-6700
3. In person at the following location:
a. 585 Lebanon Street, Suite 101, Melrose, MA 02176

b. Internet Posting
i. In addition to being available at a Tufts Medicine Financial Coordination office, the Tufts Medicine Financial Assistance policy, application forms, and a plain language summary are available on each facility's website listed above:
1. This website may also be accessed from the Tufts Medicine homepage www.tuftsmedicine.org/financialassistance
2. The website includes various ways in which patients can apply for assistance from the Hospital, including a list of Financial Coordination locations, a central phone number, and a central email address. The website lets patients know that the application forms and Financial Coordination assistance are free.

c. Tufts Medicine widely publicizes the availability of financial assistance under this policy in the following ways:
i. Large, conspicuous signage (8" X 14") is posted in all portals of entry and other high traffic areas, including the Emergency Department, Financial Coordination;
ii. Plain language brochures that advertise the availability of Tufts Medicine financial assistance options are displayed in the Emergency Department and admission areas.
iii. The plain language summary of the FAP is available to patients as part of Tufts Medicine intake and discharge process.
iv. Copies of the Tufts Medicine FAP policy, application, plain language summary are made available to patients that request a copy, in person or by mail and for any patient who has specific questions.
v. Materials, including the policy, application form, and plain language summary are available in English, Arabic, Chinese, Greek, Gujarati, Haitian Creole, Hindi, Italian, Khmer, Laotian, Portuguese, Russian, Spanish, and Vietnamese.
vi. Tufts Medicine community program staff are educated about the FAP and are instructed to inform and notify their community constituents of the availability of financial assistance at Tufts Medicine.
vii. Language of availability included on Patient Statements and Patient Financial Estimates.

VIII. Other Provisions:

a. Medicare Bad Debt:
    i. This policy may also be used to verify the indigence of a patient for the purposes of qualifying their balances resulting from a co-insurance or deductible from services covered by Medicare where Medicare Bad Debt is applicable. The determinants will be the patient's current income of their reported asset levels. To qualify, the patient must have an income of less than 201% of the FPL and assets of less than $10,000 for the first family member with an additional $3,000 allowed for each additional family member. Asset determinations will never include the primary residence or the primary automobile. The patient's completion of a Tufts Medicine Financial Assistance Application will be proof that the patient has an inability to use assets to pay their outstanding balances.

b. Case-By-Case Evaluation:
    i. Patients are encouraged to bring their unique financial situations to the attention of Financial Coordination or Patient Financial Services. Tufts Medicine may extend discounts beyond the provisions in this policy on a case-by-case basis to recognize unique cases of financial hardship.
    ii. Existing discounts that go beyond this policy may be honored with the approval of the Hospital CFO.

Appendix C

Tufts Medicine Financial Assistance Discount Amounts - 2026

Family Size	100% FPL	Up to 101% - 150% FPL	Up to 151% - 300% FPL	Greater than 301% FPL
1	$15,960	$23,940	$47,880	$47,881
2	$21,648	$32,460	$64,920	$64,921
3	$27,324	$40,980	$81,960	$81,961
4	$33,000	$49,500	$99,000	$99,001
5	$38,688	$58,020	$116,040	$116,041
6	$44,364	$66,540	$133,080	$133,081
7	$50,040	$75,060	$150,120	$150,121
8	$55,728	$83,580	$167,160	$167,161
Each Person > 8	$5,688	$8,250	$17,040	$17,041
TM Lowell General Hospital Inpatient Discount		100%	48.30%	30%
TM Lowell General Hospital Outpatient Discount			67.80%	
TM Melrose Wakefield Hospital Inpatient Discount		100%	44.00%	30%
TM Melrose Wakefield Hospital Outpatient Discount			61.90%	
TM Tufts Medical Center Hospital Inpatient Discount		100%	53.90%	30%
TM Tufts Medical Center Hospital Outpatient Discount			69.70%	

FPL is defined as Federal Poverty Level, released January 2026, as defined by the Federal Register

Appendix D

Tufts Medicine Financial Assistance Application

Financial Assistance Application

TuftsMedicine

Tufts Medicine takes pride in providing the best care for every patient. Tufts Medicine offers financial assistance through its Financial Assistance Policy to patients unable to pay for emergency and medically necessary care. Tufts Medicine Financial Assistance is not intended to cover non-medically necessary care. It is also not intended to provide discounts on insurance co-payments, co-insurance, or deductibles.

Patients who have the means are expected to pay for services received at Tufts Medicine. However, eligibility for financial assistance is available to you. Patients are strongly encouraged to apply for any available government assistance programs, such as MassHealth, ConnectorCare, or Health Safety Net, before applying for the Tufts Medicine Financial Assistance Program. **Failure to apply for a government assistance program that you potentially qualify for could result in a delay or denial of your application.** If you need help applying for government assistance programs, one of our Tufts Medicine Financial Coordinators can help.

Your qualification for financial assistance programs is dependent upon your full and accurate completion of this Financial Assistance Application.

Instructions

Please fully complete the Financial Assistance Application and include copies of the following documents for all applicants. Failure to return all necessary documents within 30 days will cause the application to be denied. Please attach copies of any documents submitted as unfortunately they cannot be returned.

- ☐ Complete all applicable sections of the application and be sure to **sign the affidavit statement on page 4**
- ☐ Include a copy of your **driver's license, other photo identification or documents that verify your current residence.** Anything submitted must include your name.
- ☐ Include a copy of your **insurance card(s)**
- ☐ Include some form of **income verification:**
  - ☐ Include a copy of your most recent **W-2(s)**
  - ☐ If there has been a **recent change in your income,** include documentation such as recent pay stubs (minimum 4), unemployment statements, bank/investment statements, and/or social security statements
- ☐ If the patient is **deceased,** please provide a copy of the death certificate and a letter stating the status of the estate

For questions, please contact the Tufts Medicine Financial Coordination Department at:

tuftsmedicalcenter.org/financialassistance
978-973-6700

or in person at the following Tufts Medicine locations:

- Tufts Medical Center
  Biewend Building, 1st Floor
  260 Tremont Street
  Boston, MA 02111
- Tufts Medical Center
  Proger Building, 1st Floor
  800 Washington Street
  Boston, MA 02111
- Tufts Medical Center
  Emergency Dept., 1st Floor
  800 Washington Street
  Boston, MA 02111
- Lowell General Hospital
  Dahod Building, Ground Floor
  295 Varnum Avenue
  Lowell, MA 01854
- Lowell General Hospital
  Saints Campus
  1 Hospital Drive, Ground Floor
  Lowell, MA 01852
- Melrose Wakefield Hospital
  585 Lebanon Street, Suite 101
  Melrose, MA 02176
- Melrose Wakefield Hospital
  Ground Floor near Urgent Care
  170 Governors Avenue
  Medford, MA 02155

Please send your completed application to:

Tufts Medical Center
Financial Coordination
800 Washington Street, Box 475
Boston, MA 02111

13144EN 012623

Appendix E

Tufts Medicine Program Eligibility Determination Notifications

Approval Letter- Partial Discount

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

Thank you for your application for assistance with your bills under the Tufts Medicine Financial Assistance Program (the "Program"). We have reviewed your application and supporting documentation and have determined that, based on your income, you are eligible for reduced-charge services under the Program.

We have determined that your income is _____ for your family size of _____ , which qualifies you to pay only _____ of our usual charge. Bills of _____ for services received by _____ on __/__/____ are being reduced to _____. We will contact you to assist you with making arrangements for payments on the remaining balance of the bill and will send you a detailed bill upon request. Please note the discount under this Program does not apply to any co-payment, co-insurance or deductible amounts that continue to be your responsibility.

This approval shall be in effect for a period of six (6) months. If you disagree with this decision and believe you qualify for a further reduction in your charges, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Approval Letter - 100% Discount

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

Thank you for your application for assistance with your bills under the Tufts Medicine Financial Assistance Program (the “Program”). We have reviewed your application and supporting documentation and have determined that, based on your income, you are eligible for services at no cost to you under the Program. We are therefore writing off bills of _____ for services received by _____ on __/__/____. You should not receive any further bills from us for these services.

This approval shall be in effect for a period of six (6) months. If you have any questions, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Redetermination Letter- Partial Discount to 100% Discount]

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

We write in follow up to our original determination on __/__/____ that you were only eligible for reduced charges under the Tufts Medicine Financial Assistance Program (the "Program"). At your request, we have reconsidered our original decision on your application and have determined that, based on your income, you are eligible for services at no cost to you under the Program. We are therefore writing off bills of _____ for services received by _____ on __/__/____. You should not receive any further bills from us for these services. This approval shall be in effect for a period of six (6) months. If you have any questions, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Redetermination Letter- Not Previously Eligible to 100% Discount

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

We write in follow up to our original determination that you were not eligible for financial assistance under the Tufts Medicine Financial Assistance Program (the "Program"). At your request, we have reconsidered our original decision on your application and have determined that, based on your income, you are eligible for services at no cost to you under the Program. We are therefore writing off bills of _____ for services received by _____ on __/__/____. You should not receive any further bills from us for these services. This approval shall be in effect for a period of six (6) months. If you have any questions, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Redetermination Letter- Not Eligible to Partial Discount]

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

We write in follow up to our original determination that you were not eligible for financial assistance under the Tufts Medicine Financial Assistance Program (the "Program"). At your request, we have reconsidered our original decision and have determined that, based on your income, you are eligible for reduced-charge services under the Program.

We have determined that your income is _____ for your family size of _____ , which qualifies you to pay only _____ of our usual charge. Bills of _____ for services received by _____ on __/__/____ are being reduced to _____. We will contact you to assist you with making arrangements for payments on the remaining balance of the bill and will send you a detailed bill upon request. Please note the discount under this Program does not apply to any co-payment, co-insurance or deductible amounts that continue to be your responsibility.

This approval shall be in effect for a period of six (6) months. If you disagree with this decision and believe you qualify for a further reduction in your charges, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Redetermination Letter- Original Decision Stands- Partial

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

We write in follow up to our original determination on __/__/____ that you were only eligible for reduced charges under the Tufts Medicine Financial Assistance Program (the "Program"). At your request, we have reconsidered our original decision on your application and have determined that, based on your income, you continue to only be eligible for a partial discount under the Program.

As noted in our original determination letter, bills of _____ for services received by _____ on __/__/____ are being reduced to _____. We will contact you to assist you with making arrangements for payments on the remaining balance of the bill and will send you a detailed bill upon request. Please note the discount under this Program does not apply to any co-payment, co-insurance or deductible amounts that continue to be your responsibility.

This approval shall be in effect for a period of six (6) months. If you continue to disagree with this decision, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Redetermination Letter- Original Decision Stands Not Eligible

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

We write in follow up to our original determination on __/__/____ that you were not eligible for assistance under the Tufts Medicine Center Financial Assistance Program (the “Program”). At your request, we have reconsidered our original decision on your application and have determined that, based on your income, you are not eligible for assistance under the Program.

If you continue to disagree with this decision or would like to discuss payment arrangement options, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Denial Letter- General

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

Thank you for your application for assistance with your bills under the Tufts Medicine Financial Assistance Program (the “Program”). We have reviewed your application and supporting documentation and have determined that, based on your income, you are not eligible for a discount under the Program.

We have determined that your income of _____ for your family size of _____ is more than the limit of _____.

If you disagree with this decision or have recently had a change in circumstances, we are happy to reconsider your application in light of any new information that you have to offer. If you have any questions, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Denial Letter- Incomplete Application

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

Thank you for your application for assistance with your bills under the Tufts Medicine Financial Assistance Program that you filed on __/__/____. As of today's date we have not received the necessary supporting documentation to process your application and, as such, are denying your application for assistance.

Once you have compiled the required supporting documentation, we encourage you to file a new financial assistance application for our consideration. If you have any questions, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone

Denial Letter- Services Not Eligible

Month Day, Year

name
address
city, state, zipcode

Patient account number:

Dear :

Thank you for your application for assistance with your bills under the Tufts Medicine Financial Assistance Program (the “Program”) that you filed on __/__/____. We regret to inform you that the services you received on __/__/____ are considered not medically necessary and as such are not eligible for financial assistance under the Program. Please remit your payment promptly to avoid additional collection actions.

If you disagree with this decision or have any questions, please contact the Financial Coordinator listed below.

Sincerely,

Name
Title, Telephone