

NEW YORK COMMUNITY HOSPITAL
Patient Financial Services
265 Post Avenue Ste 200
Westbury, NY 11590

Dear Patient:

Enclosed please find attached an Application for Charity Care. You may apply for Charity Care at any time during the billing and collection process. Please complete the application and attach all supporting documents and return it to the address shown above.

If your application is incomplete, we will not be able to process it.

If you need any further assistance or have any questions regarding this package of materials, please contact our Charity Care Unit at **(516) 745-0161**.

To further assist us in processing your application for charity care, see the following examples you might choose to include with your application:

- Pay stub
- Letter from employer, if applicable.
- Form 1040
- Any other information that may validate your income

If you are under twenty-one (21) years of age, AND/OR you are a dependent of your parent(s)/guardian(s), then your parent or guardian must fill out the eligibility application form entitled **APPLICATION FOR CHARITY CARE** and provide the necessary supporting documents.

A phone number where you can be reached **MUST BE PROVIDED**, as well as complete addresses, including apartment numbers and letters.

A note describing your situation as well as copies of any of the applicable documents listed above or other supporting documentation which you might choose to submit would be helpful in determining your or your child's eligibility.

If you are a student, please provide documentation of your student status.

NOTICE TO PATIENTS
IF YOU SUBMIT A COMPLETED APPLICATION INCLUDING INFORMATION OR
DOCUMENTATION NECESSARY TO DETERMINE ELIGIBILITY UNDER THE
HOSPITAL'S CHARITY CARE POLICY, YOU MAY DISREGARD ANY HOSPITAL BILL
UNTIL WE HAVE MADE A DECISION ON YOUR APPLICATION

Applications with supporting documentation may be faxed to: (516) 390-0171

OR MAILED TO::

New York Community Hospital Patient Financial Services
265 Post Avenue, Suite 200
Westbury, NY 11590
Att.: Jordan Salmeron

