

Notice of Availability for Uncompensated Care

Eastern Connecticut Health Network, Inc. will provide assistance for those patients who fall within the guidelines below.

To be eligible to receive uncompensated care, your family must be at or below the following current guidelines.

Family Gross Income Levels

2023 Federal Poverty Guidelines							
	125%	150%	175%	200%	250%	300%	400%

% of Write Off	100%	90%	80%	70%	60%	50%	40%
Family Size							
1	18,225	21,870	25,515	29,160	36,450	43,740	58,320
2	24,650	29,580	34,510	39,440	49,300	59,160	78,880
3	31,075	37,290	43,505	49,720	62,150	74,580	99,440
4	37,500	45,000	52,500	60,000	75,000	90,000	120,000
5	43,925	52,710	61,495	70,280	87,850	105,420	140,560
6	50,350	60,420	70,490	80,560	100,700	120,840	161,120
7	56,775	68,130	79,485	90,840	113,550	136,260	181,680
8	63,200	75,840	88,480	101,120	126,400	151,680	202,240

Add \$5,140 for each additional member.

Patient Responsibility	0%	10%	20%	30%	40%	50%	60%
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If you feel you may be eligible, you may request free or discounted services at the Patient Financial Service Office. Requests may be made prior to admission, during the stay or at time of discharge. A financial evaluation form and application will be provided for the applicant upon request. The Hospital will make a final determination of your eligibility for uncompensated services.

When Third Party coverage is available (Medicare, State, Medicaid LIA, etc.) all applicable benefits must be applied first. Patient convenience items such as private room differentials are not covered.

Refusal to take reasonable actions necessary to obtain these available benefits can exclude the granting of uncompensated services.

Source – Federal Register Income Poverty Guidelines

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