



Welcome to St. Mary's Healthcare

Rooted in the loving, healing ministry of Jesus and inspired by the legacy of the Sisters of St. Joseph of Carondelet, we serve all with compassion and excellence

On behalf of the entire team at St. Mary's Healthcare, I would like to extend a warm welcome to you. We understand that being admitted to the hospital can be a stressful experience, and our goal is to make your time here as comfortable and reassuring as possible.

Our dedicated staff is committed to providing you with the highest level of care, compassion, and attention. From the moment you arrive, we are here to support you every step of the way, whether you're here for a routine procedure or facing more complex treatment.

Please know that your health and well-being are our top priorities. If you ever have any questions or concerns during your stay, do not hesitate to reach out to any member of our team. We are here to make your experience a positive one.

Thank you for trusting us with your care. We wish you a smooth and fast recovery.

Sincerely,



Jeff Methven
President and CEO
St. Mary's Healthcare

Resources

Accepted Insurance Plans

To help ensure a smooth and seamless experience at St. Mary's Healthcare, we've provided a list of the insurance plans we currently accept. We recommend reviewing this list and contacting your insurance provider to confirm coverage for your specific procedure.



You can review the list by visiting www.smha.org or scanning this QR code.

Clear Communication, Better Care

In your room, you'll find a Communication board with details about your care plan, including the day's schedule, alerts, precautions, and pain management. These boards improve patient-provider communication, reduce anxiety, and ensure a shared understanding of care needs and treatment plans.

Patient and Family Advisory Council

A Patient and Family Advisory Council is a group of current and former patients, family members, and caregivers who work with hospital staff to improve best practices and the patient experience. To join, call 518-841-7135.

Patient Portal

Signing up for our Patient Portal gives you easy access to your health information anytime, anywhere. You can view test results, request appointments, and securely message your healthcare team. The portal helps you stay connected and involved in your care. Sign up today to take an active role in managing your health.



Sign up by visiting www.smha.org or by scanning this QR code:

Visitor Guidelines

We believe families and support persons play a vital role in a patient's healing. Patients at our facilities or clinics may have visitors anytime, though visits may occasionally be limited. For visiting hours and guidelines, visit www.smha.org or ask any St. Mary's Healthcare associate.

Voicing Your Concerns

We highly value your feedback and encourage you to share your experience with us. Your input helps us understand what is working well and where we can make improvements. We encourage patients and their families to speak directly with a member of the care team during their stay if they have any questions about the care provided or safety concerns.

If you or a family member have a complaint or issue that cannot be resolved by our clinical team, please contact our Patient Advocate at 518-770-6851.

If you believe there are issues that may indicate acts of non-compliance, such as fraudulent or abusive billing practices, or potential violations of federal or state laws, including the Health Insurance Portability and Accountability Act (HIPAA), please contact our Compliance Officer at **518-841-7292**.

You may also contact the Joint Commission or New York State Department of Health.

Joint Commission

Division of Accreditation Operations
Office of Quality Monitoring
One Renaissance Blvd., Oakbrook Terrace, IL
60181
jointcomission.org
complaint@jointcommission.org

New York State Department of Health

Centralized Hospital Intake Program, Mailstop:
CA/DCS
Empire State Plaza, Albany, NY 12237
1-800-804-5447
health.ny.gov

Your Valuables

To ensure the safety of your valuables, please leave them at home or send them with a family member. If you must bring items like money or jewelry, notify a nurse for secure storage. While we do not assume responsibility for personal belongings, we encourage bringing only the essentials.

Learn more about St. Mary's Healthcare, our services and locations by visiting www.smha.org or scanning this QR code



Notice of Nondiscrimination and Accessibility

St. Mary's Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). St. Mary's Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

St. Mary's Healthcare provides free aids and services to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).

St. Mary's Healthcare provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Lorelei Barrett, Compliance and Privacy Officer – Civil Rights Coordinator at 518-841-7292/ compliance@nysmha.org or 844-916-2768, our anonymous compliance hotline.

If you believe that St. Mary's Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance by:

- Mail
 - St. Mary's Healthcare
 - Attn: Lorelei Barrett, Civil Rights Coordinator
 - 427 Guy Park Ave., Amsterdam, NY
- 518-841-7292
- compliance@nysmha.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

Aviso de no discriminación y accesibilidad

St. Mary's Healthcare cumple las leyes federales de derechos civiles aplicables y no discrimina por raza, color, país de origen, edad, discapacidad o sexo (incluyendo el embarazo, la orientación sexual y la identidad de género). St. Mary's Healthcare no excluye a las personas ni las trata de manera diferente debido a su raza, color, país de origen, edad, discapacidad o sexo (incluyendo el embarazo, la orientación sexual y la identidad de género).

St. Mary's Healthcare da ayuda y presta servicios gratuitos a personas con discapacidades para que se comuniquen con nosotros de manera eficaz, como intérpretes de lenguaje de señas calificados, información por escrito en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

St. Mary's Healthcare presta servicios gratuitos de idiomas a las personas cuyo idioma principal no es el inglés, como intérpretes calificados, información por escrito en otros idiomas.

Si necesita estos servicios, comuníquese con Lorelei Barrett, Oficial de Cumplimiento y Privacidad – Coordinador de Derechos Civiles: 518-841-7292/compliance@nysmha.org or 844-916-2768, nuestra línea anónima de cumplimiento

Si cree que St. Mary's Healthcare no cumplió con la prestación de estos servicios o lo discriminó de otra manera debido a la raza, color, país de origen, edad, discapacidad o sexo (incluyendo el embarazo, la orientación sexual y la identidad de género), puede presentar una queja formal ante Lorelei Barrett, coordinadora de Derechos Civiles, de la siguiente manera:

- Correo
 - St. Mary's Healthcare
 - Attn: Lorelei Barrett, Civil Rights Coordinator
 - 427 Guy Park Ave., Amsterdam, NY
- 518-841-7292
- compliance@nysmha.org

También puede presentar una queja de derechos civiles a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services, Office for Civil Rights) electrónicamente por medio del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o por teléfono: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, · 1-800-368-1019, 800-537-7697 (TDD) Los formularios de quejas están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>

PREVENTING FALLS

Tips to Reduce Your Risk

Falling is a real hazard for hospitalized patients, but some factors increase the risk for falls, such as:

- Problems with walking or standing
- Medications
- Age
- Unfamiliar environment
- Toileting
- Certain preparations given for surgery or procedures
- Physical conditions such as impaired hearing or incontinence

Our team is committed to patient safety and comfort during hospitalization. We are asking that you partner with us to ensure the safety of yourself or your loved one.

If you or your family member has been identified as someone who could be at risk for falling, we have provided additional precautions we request that you take to help prevent such an occurrence:



Call for assistance prior to exiting the bed or chair.



Bed and chair alarms may be used. Please do not turn off the alarm.



Patients identified as a fall risk will be given a yellow wristband. Please do not remove this band.



Visitors should advise the nursing staff when leaving patient's room.



Patients identified as a fall risk will be given yellow double treaded socks. Please use these during your stay.



Keep all personal items within the patient's reach.

In addition, our team will frequently round to assist you and assess for pain or discomfort. We value your privacy, however, for your safety, we may be within arms reach when using the restroom.

Thank you for your cooperation and help in this matter. It is our goal to provide safe and effective care and decrease the possibility of falls. We appreciate you partnering with us in our commitment to keep our patients safe and free from harm.

Medications and Your Health

Name _____

Date _____

- Take medication(s) as prescribed.
- Do not stop medication(s) without first checking with your doctor.
- Do not restart medication(s) without first checking with your doctor.
- Do not skip or double up on your medication(s).
- Make sure your medication(s) have not expired; check the dates!

- Check with your pharmacist before drinking alcohol when taking prescription medication(s).
- Tell your doctor about ALL medication(s) you are taking, including over-the-counter vitamins and supplements.
- Do not smoke and avoid secondhand smoke.



Green Zone: All Clear

If you:

- ✓ Have no side effects with medication(s)
- ✓ Take your medication(s) as prescribed
- ✓ Are getting your medication(s) filled regularly

Green Zone could mean:

- ✓ You're doing well.

Yellow Zone: Caution

If you have **any** of the following:

- ✓ Problems taking your medication(s) as prescribed by your doctor (e.g., missing or skipping doses)
- ✓ Trouble urinating
- ✓ Constipation or diarrhea
- ✓ Side effects like fatigue, weakness, dizziness, swelling or hands or feet
- ✓ Upset stomach or abdominal pain
- ✓ Blurred vision
- ✓ Dark, tarry stools, or noticeable blood in stool
- ✓ Ringing in the ears
- ✓ Feeling "off balance"
- ✓ Excessive tiredness
- ✓ Head feels "fuzzy"



Yellow Zone could mean:

- ✓ You may need further education or support regarding medication management.
- ✓ You could be having side effects to your medication(s).
- ✓ Your medication(s) may need adjustment.
- ✓ Contact your doctor and share your symptoms.

Doctor: _____

Phone: _____

Red Zone: Medical Alert! Stop and Think

If you have **any** of the following:

- ✓ Loss of consciousness or fainting
- ✓ Develop a rash
- ✓ Cannot urinate
- ✓ Blurred vision
- ✓ No bowel movement for 3 or more days (particularly when taking a narcotic)
- ✓ Vomiting blood



Red Zone could mean:

- ✓ **You need to be seen by a healthcare professional right away.**
- ✓ **If you cannot reach your doctor, go to the emergency room, or**
- ✓ **Call 9-1-1**

This information is intended for educational purposes only. HSAG does not represent or guarantee that this information is applicable to any specific patient's care or treatment. This content does not constitute medical advice from a physician and is not to be used as a substitute for treatment or advice from a practicing physician or other healthcare provider.

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How can I find help after I leave the hospital?

Planning ahead can help people living with mental illness avoid a crisis situation. By talking with your doctor and treatment team, you can develop a plan that will help you if you feel your symptoms are returning. **Be sure to have the number of a contact person to call before you leave the hospital.**

The first thing to do if you feel your health worsening is to call your contact person or your mental health professional. If you don't currently have a mental health professional, make an urgent appointment with a primary care physician just as you would for the flu or an infection, so that you can begin finding support quickly.

You can also make an appointment with a mental health professional through OMH's "Find a Mental Health Program" or in New York City by calling NYCWell at **1-888-NYC-WELL** or texting "**WELL**" to **65173**.

Find a Mental Health Program

You can use the OMH "Find a Mental Health Program" guide (<https://my.omh.ny.gov/bi/pd>) to find clinic, outpatient, crisis, and emergency services in your area. The Program Directory provides a list of all programs in New York State that are operated, licensed, or funded by the Office of Mental Health. The directory provides information on all types of mental health services.

Are you experiencing a crisis?

Don't have a mental health provider or can't reach them?

Fortunately, there are many organizations that offer help for people going through a difficult time. They can be an important first step in getting the help you need. Some hotlines that can help you find support and services include:

988 Suicide and Crisis Lifeline

If your life or someone else's is in imminent danger, **please call 911**. If you are in crisis and need immediate help, please call the Suicide and Crisis Lifeline at **988**.

Crisis Text Line

New York State has partnered with Crisis Text Line, an anonymous texting service available 24/7. Starting a conversation is easy. Text **GOT5** to **741741**.

Domestic Violence

If you or someone else is in a relationship is being controlled by another individual through verbal, physical, or sexual abuse, or other tactics, please call: **1-800-942-6906**.

National Empowerment Center

An advocacy and peer-support organization run by consumers and ex-patients in recovery. Call: **800-power2u (800-769-3728)**

National Alliance on Mental Illness

NAMI offers a hotline (**1-800-950-NAMI (6264)**) and email address (info@nami.org) to help answer your questions about local support groups, services and treatment options.

The Trevor Project

Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning youth. Call: **1-866-488-7386**

If you still cannot get the help you need

... and are experiencing a crisis, you should:

- **Call 911** — Tell the operator that it is a “mental health emergency” and ask for emergency responders with Crisis Intervention Team (CIT) training. Many first responders will approach a mental health situation differently if they know what to expect.
- **In New York City**, you can call NYC Well for help in a crisis at **1-888-NYC-WELL** or texting “WELL” to **65173**.
- **Go to the emergency room at your local hospital**. If you are in crisis and it’s not possible to get in touch with a mental health or crisis specialist, a visit to an emergency room is your best option.

Know your rights for insurance coverage

New York State has a program to help people access their insurance coverage for substance use disorders and mental health services.

The Ombudsman Program, called **Community Health Access to Addiction and Mental Healthcare Project (CHAMP)**, can help you better understand your legal rights to behavioral health insurance coverage and help you to access treatment and services. The Ombudsman’s Office can also help with health insurance coverage. A general mailbox (Ombuds@oasas.ny.gov) and a hotline number (**888-614-5400**) have been established for questions.

Remember, it’s OKAY to seek support.

Far too many people who have behavioral health concerns for themselves or their family members are reluctant to seek advice or treatment because of the stigma surrounding mental illness. Fortunately, that is changing.

People are realizing that mental illness is not a weakness or personal failing. There is no shame in seeking out mental health services, just as there’s no shame in seeking medical treatment for high blood pressure, diabetes, or physical rehabilitation.

The New York State Office of Mental Health operates psychiatric centers across the state, and also regulates, certifies, and oversees more than 4,500 programs, which are operated by local governments and nonprofit agencies. To contact OMH or one of its Field Offices located across the state:

New York State Office of Mental Health
Albany (800) 597-8481, www.omh.ny.gov

Hudson River Field Office
Poughkeepsie (845) 454-8229

Western New York Field Office
Buffalo (716) 533-4075

New York City Field Office
Manhattan (212) 330-1650

Central New York Field Office
Syracuse (315) 426-3930

Long Island Field Office
West Brentwood (631) 761-2886



Office of
Mental Health

Hope. Recovery. Resilience.

Notice: This Facility is a Hospital-Based Clinic

This clinic is licensed as a part of St. Mary's Healthcare.

A clinical service at this location may be billed as an outpatient hospital service, separate from the bill for the professional service. Depending on your insurance coverage, this could result in a higher out of pocket expense for the service.

Patients should contact their insurance company to determine their coverage for hospital-based clinic facility charges.

Aviso: este centro es una clínica de un hospital

Esta clínica tiene licencia como parte de St. Mary's Healthcare.

Un servicio clínico en este lugar puede facturarse como un servicio de hospital para pacientes ambulatorios, aparte de la factura del servicio profesional. Dependiendo de la cobertura de su seguro, esto podría resultar en un mayor gasto de bolsillo por el servicio.

Los pacientes deben comunicarse con su compañía de seguros para determinar su cobertura de los cargos de los centros clínicos de un hospital.

הערה: מרפאה זו נמצאת בבעלות ובניהול של בית חולים

מרפאה זו היא בעלת רישיון כחלק מ-St. Mary's Healthcare

החיוב עבור הטיפול במקום זה עשוי להיות כשירות מרפאת חוץ, בנפרד מהחשבון עבור השירות המקצועי. ההוצאות עבור השירות עלולות להיות גבוהות יותר מהמוגדר בכיסוי הביטוחי שלך

מטופלים צריכים ליצור קשר עם חברת הביטוח שלהם על מנת להסדיר את הכיסוי עבור חיובי מרפאת החוץ.

Aviso: Estas instalações são uma clínica integrada num hospital.

A licença foi atribuída a esta clínica como parte do St. Mary's Healthcare.

Um serviço clínico nestas instalações pode ser faturado como serviços hospitalares em ambulatório, emitidos em separado da fatura referente a serviços profissionais. Dependendo do seu seguro, isto poderá implicar despesas diretas mais elevadas pelos serviços.

Os pacientes devem entrar em contacto com a sua companhia de seguros para determinar a comparticipação relativa a despesas por serviços prestados na clínica integrada no hospital.

တၢ်ဘိးဘၣ်သ့ၣ်ညါ- တၢ်သ့ၣ်ထီၣ်အံၤ မ့ၢ်ဒၣ်တၢ်ဆါဟံၣ်ဖိ

တၢ်ဆါဟံၣ်ဖိအံၤအိၣ်ဒီးလံာ်ပျဲလၢ ကမၤတၢ်ဒီး St. Mary's Healthcare လီၤ.

တၢ်ကွၢ်ထွဲဆူၣ်ချ့လၢနဒီးန့ၢ်ဘၣ်အီၤလၢတၢ်ဆါဟံၣ်ဖိအံၤ ဘၣ်သ့ၣ်သ့ၣ်ကဖျါဒ်

တၢ်လဲၤဒီးကွၢ်သးလၢတၢ်ဆါဟံၣ်တၢ်ချၢအဘူးအလဲ, ဒီးကလီၤဆီဒီး

ဘူးလဲလၢနဘၣ်ဟ့ၣ်ကသံၣ်သရၣ်န့ၣ်လီၤ. တၢ်ဒီးသန့ထီၣ်သးလၢနဆူၣ်ချ့တၢ်အုၣ်ကီၤအဖီခိၣ်,

စ့လၢနဘၣ်ထူးထီၣ်ဝဲ လၢနနီၢ်ကစၢ်လၢတၢ်ကူစါအံၤအဂီၢ် ဘၣ်သ့ၣ်သ့ၣ် ကအါထီၣ်ဝဲလီၤ.

ဒ်သီးပုၤဆါကသ့ၣ်ညါဘၣ်လၢ အတၢ်အုၣ်ကီၤတၢ်တီၢ်ကျဲၤ ကဟ့ၣ် တၢ်ဆါဟံၣ်ဖိအံၤ

အဘူးအလဲအါထဲလဲၣ်န့ၣ် အဝဲဘၣ်ဆဲးကျိးအ ဆူၣ်ချ့တၢ်အုၣ်ကီၤလီၤ.

備註：此設施是一家醫院附屬診所

此診所作為 St. Mary's Healthcare 的一部分持照經營。

該地點提供的臨床服務可能會作為門診醫院服務進行收費，獨立於專業服務帳單。根據您的保險承保範圍，您可能需要針對此類服務支付更高的自付費用。

患者應聯絡保險公司，以確定其對醫院附屬診所收費項目的承保範圍。

Dear Patient/Applicant,

The team at St. Mary's Healthcare is committed to minimizing the financial barriers to healthcare that may exist to our patients and community members. Financial assistance is offered for emergencies and other medically necessary care provided to patients who qualify. If you have open balances with St. Mary's, you may benefit from our Financial Assistance Program.

If interested, please complete the application attached. Along with the application, you may need some of the following information at your disposal:

- Accrued medical bills (e.g., dental, medical billing statements with cost-share amounts)
- Current pay stubs or proof of alternate income source (e.g, social security)
- Quarterly dividend/interest statements

If you believe your gross income is at or below 200% of the Federal Poverty Level, St. Mary's Healthcare will only evaluate your household size and gross income.

Incomplete applications will be held, and the applicant will be notified of the missing required information which must be supplied within 30 days from the date of the written notification. If the patient does not meet this requirement, the application will be denied, and the Organization will resume billing and collection activities. The patient retains the option to provide the required information after the 30-day deadline. Applications, if approved, are valid for 180 days and a determination letter will be sent to the address provided.

Please find the full St. Mary's Healthcare Financial Assistance Policy on our website at smha.org. You can also call 518-546-6238 for more information.

Please mail your completed application and documentation to the following address:

St. Mary's Healthcare
ATTN: Patient Financial Services
427 Guy Park Ave
Amsterdam, NY 12010

NYS Uniform Hospital Financial Assistance Application

You may be eligible for hospital financial assistance to pay your bills if you are uninsured, if your insurance is exhausted, or if you have health insurance but have proof of paid medical expenses totaling more than 10% of your income. Completing this form will start your request for hospital financial assistance. This form is used by all hospitals in New York State.

Patient Name (complete information that is applicable)

Patient Name (First, Middle, Last)		
Date of Birth (mm/dd/yyyy)		
Address	Apartment/Unit #	
City	State	Zip
Contact Phone #		
Parent/Guardian or Lawful Representative Name (if patient is a minor child or an incapacitated adult)		
Email Address (if any)		

Family Information:

Please list below all family members in your household. Your household includes yourself, your spouse or domestic partner, and any children or other dependents. For example, this would include everyone listed on the same tax return.

Gross income means your income **before** taxes are deducted.

Gross income can consist of work earnings (wages, salaries, tips, earnings from self-employment), unearned income (social security, disability, and unemployment benefits), contributions (funds from family or friends), and other sources of income (temporary assistance and supplemental security income).

Full Name	Relationship	Total Gross Income (Current)
	Self	

The hospital may request you submit documentation as proof of income; examples of documentation might include a pay stub, a letter from your employer if applicable, or Form 1040.

Health Insurance Status

Do you have any form of health insurance, including Medicaid, Medicare, or private insurance through your employer or purchased on your own? Yes No

If you answered “No,” would you like assistance in applying for any of these programs?

Yes No

Underinsured patients: people with insurance and high medical expenses. If you have insurance, please provide an estimate of the medical bills you paid in the past 12 months.

\$

The hospital may request you submit documentation as proof of paid medical expenses.

Patient/Responsible Party: If not the patient, list the name of the person signing the form and their authority to sign on behalf of the patient (e.g., spouse, parent, legal representative).

I understand that the information I submit may be subject to verification from external sources. I certify that the information is true and complete to the best of my knowledge.

Print Name	Date
Relationship to Patient	
Signature	

Minimum Eligibility and Guidelines

Application Timeline, Patient Rights, and Confidentiality

- You can apply for financial assistance at any point during the collection process.
- You do not have to make any payment to this hospital until you receive a decision on your application for financial assistance. Hospitals may not forward accounts to collection while your application is pending.
- If you are denied financial assistance, you have the right to appeal. Information on how to do so will be included in the hospital's notice you receive. You may have the right to appeal the amount of your financial assistance. The hospital will include information about how to appeal in their decision letter.
- Hospitals cannot send unpaid bills to a collection agency for at least 180 days after your first bill.
- Hospitals are prohibited from taking legal action, including filing lawsuits, to recover unpaid medical bills for patients below 400% of the federal poverty level. Poverty guidelines can be found here: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Any information provided in this application will only be used by the hospital to determine your eligibility for financial assistance and will remain confidential to the extent permitted by law.
- A hospital cannot deny you medically necessary services because you have an outstanding medical bill.
- If you need assistance with this application, please contact St. Mary's Healthcare patient financial assistance office at 518-546-6238.
- If you need additional assistance with this application or help appealing a decision, you can reach out to Community Health Advocates: 888-614-5400.

Eligibility

Nothing limits a hospital's ability to establish patient eligibility for payment discounts at income levels higher than those specified below and/or to provide greater payment discounts for eligible patients than those required by Public Health Law. Additionally, immigration status shall not be an eligibility criterion for the purpose of determining financial assistance.

The following individuals are eligible:

- Low-income individuals without health insurance; or
- underinsured individuals (out-of-pocket medical costs accumulated in the past twelve months that amount to more than ten percent of such individual's gross annual income); or
- those who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges; or
- at the hospital's discretion, individuals who can demonstrate an inability to pay their co-pay and/or deductible can request a reduced or discounted payment.

Individuals up to 400% of the federal poverty level are eligible for financial assistance. **Federal Poverty Levels (2026)**

Household Size	200%	300%	400%
1 Person	\$31,920	\$47,880	\$63,840
2 Persons	\$43,280	\$64,920	\$86,560
3 Persons	\$54,640	\$81,960	\$109,280
4 Persons	\$66,000	\$99,000	\$132,000
5 Persons	\$77,360	\$116,040	\$154,720
6 Persons	\$88,720	\$133,880	\$177,440
7 Persons	\$100,080	\$150,120	\$200,160

Updated annually: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Minimum Discount Rates

If you qualify for financial assistance, your charges will be reduced according to your income on a sliding fee scale as follows:

Income Level	Payment
Below 200% FPL	Waive all charges
200% - 300% FPL	<p>Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid.</p> <p>Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing.</p>
301% - 400% FPL	<p>Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid.</p> <p>Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing.</p>

Hospitals may choose to provide greater discounts for eligible patients and/or offer payment discounts for patients at higher income levels.

Installment Plans

Installment plans are available to patients who are unable to pay the reduced rate all at one time. Monthly payments cannot exceed 5% of your gross monthly income and the rate of interest charged to the patient on the unpaid balance, if any, shall not exceed 2%.


Request for Proof of Household Income

Please include the income information for the patient, their spouse, and any dependents (such as children). For example, this would include everyone on the same tax return (tax filer, spouse, and tax dependents) in the calculation of household income.

The following is a list of documents you can use to prove your income. You do not have to provide all these documents. You can also provide a statement of no household income if you have no income.

You may also provide the Eligibility determination page from the NY State of Health Marketplace. If you have this document, you do not have to provide any other income information listed below to the hospital.

<u>If Household Receives:</u>	<u>Amount per Month:</u>	<u>Applicant May Provide:</u>
Wages	\$	Please provide one Paycheck Stub, or Letter from Employer on company letterhead, signed and dated, or most recently filed income tax return.
Social Security Payment	\$	Copy of award letter/certificate, or correspondence from the U.S. Social Security Administration, or annual benefit letter. To request a copy of your Social Security benefit letter, call 1-800-772-1213 or visit www.ssa.gov .
Unemployment Compensation	\$	Copy of award letter/certificate, or monthly benefit statement from NYS Department of Labor, or Copy of Direct Payment Card with printout, or Correspondence from the NYS Department of Labor, or Printout of recipient's account information from the NYS Department of Labor's website (www.labor.state.ny.us).
Disability Payment	\$	Copy of award letter/certificate, or correspondence from Social Security Administration, or copy of annual benefit letter. To request a copy of your benefit letter, call 1-800-772-1213 or visit www.ssa.gov .
Workers Compensation	\$	Copy of Award Letter or Check stub.
Alimony/Child Support	\$	Copy of court order, or 3 months of cashed checks/receipts.
Dividends/Interest	\$	Quarterly dividend statements or 1 month statements.
Other	\$	Letter stating the amount of non-wage earnings (if any), such as rental income, cash for odd jobs, etc.
No Income	\$0	Signed statement of no income.



Your feedback today means **better visits tomorrow.**

We want to improve, and you can help.

You may receive a survey asking you about your visit. Please complete the survey, and we will use your feedback to make improvements.

Also, keep in mind that Press Ganey isn't only there to share what we can improve on, but what we do really well!

*Surveys are administered by Press Ganey Associates, Inc.
All responses are confidential.*

What to Look For

As our patient, you may receive a survey from us — sent to your home address or securely to your personal email address or mobile number on file with us. Your response is always confidential, and your contact information is HIPAA protected.

@ By Email Invitation

St. Mary's Healthcare would like your feedback! Summarize

St. Mary's Healthcare
To: esurvey_recipient@pressganey.com

Dear (FIRST_NAME),

Thank you for choosing St. Mary's Healthcare. We're grateful you entrusted us with your care.

We're always striving to provide compassionate, high-quality care to every patient we serve. To help us better understand your experience, we invite you to take a few minutes to complete a brief survey about your recent visit. Your feedback is important—it helps us recognize what we're doing well and identify opportunities to improve.

If this message is about a child's visit, we kindly ask that you complete the survey on their behalf.


For your privacy, the survey is administered by Press Ganey Associates LLC, an independent third party. Your responses are completely confidential and will help us continue to improve care for you, your family, friends, and neighbors.

[Start Survey](#)

Confirm it's from **esurvey_recipient@pressganey.com**

✉ By US Mail

SAMPLE

 **St. Mary's Healthcare Amsterdam**

Hospital Experience Survey

SURVEY INSTRUCTIONS: This survey asks about you and the care you received during the hospital stay named in the cover letter. Answer all the questions by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes
 No → **If No, Go to Question 1**

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders. Please note: Questions 1-32 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981 (Expires November 30, 2027)

Please answer the questions in this survey about your stay at **St. Mary's Healthcare**. Do not include any other hospital stays in your answers.

<p>YOUR CARE FROM NURSES</p> <ol style="list-style-type: none"> During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always During this hospital stay, how often did nurses <u>listen carefully to you</u>? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always 	<p>YOUR CARE FROM DOCTORS</p> <ol style="list-style-type: none"> During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always During this hospital stay, how often did doctors <u>listen carefully to you</u>? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always
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📱 By Text Message

St. Mary's Healthcare wants your input! Take our Press Ganey survey to share what we do well & how we can improve:

<https://pgsms.co/p/ac599fd443e/1>

Click on the link or button