

# Financial Assistance

*Huggins Hospital provides care regardless of a patient's ability to pay.*

**If paying your bill is a financial hardship, you may qualify for full or partial assistance.**

NH Residents may qualify for the Huggins Hospital Financial Assistance program to aid them with their health costs. Huggins Hospital will work with you to determine if you qualify for financial assistance. Completion of a confidential financial application is required before Huggins Hospital can make an eligibility determination. We can provide assistance to those individuals who need help completing the form. Huggins Hospital uses the most current Federal Income and Poverty guidelines to determine eligibility for financial assistance.

The application and guidelines are available on the Huggins Hospital website under Resources, Financial Assistance and Billing. There is also a listing of Provider Groups that participate with Huggins Hospital's Financial Assistance program.

For more information about Huggins Hospital Financial Assistance, please call our **Financial Counselors** at 603.569.7684, Monday - Friday from 8 AM to 4 PM.

## *Good Faith Estimate*

For patients who don't have certain types of health insurance or are not using certain types of health insurance, health care providers can provide an estimate of the bill for health care items and services before those items or services are provided. These patients have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. If you schedule a service at least 3 business days in advance, we can provide a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a service at least 10 business days in advance, we can provide a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask for a Good Faith Estimate before you schedule a service and we can provide a Good Faith Estimate in writing within 3 business days after you ask. If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.

