



Dear Applicant,

Thank you for choosing Green Mountain Surgery Center for your outpatient surgery needs where we strive to provide high quality, low cost healthcare. Regardless of our attempts to create sustainable and affordable pricing for our procedures, we understand that unforeseen life circumstances create financial hardship when it comes to medical expenses. Our Green Mountain Surgery Center billing team is here to work with you on options such as no interest payment plans to pay for your cost of care over time.

If that still does not create financial stability for you, we are happy to assess this free or discounted care application to see if you qualify for discounted care. Per our policy, to be eligible for discounted care, you must be a full-time Vermont resident or have lived in Vermont for the past 6 consecutive months, or in the following New York counties: Clinton, Essex, Franklin, Washington, Hamilton, Warren or St. Lawrence.

Free or discounted care is available for all services offered by the Green Mountain Surgery Center in conjunction with medically necessary procedures. Determination of medical necessity may require the input from the attending physician to consider all the relevant facts and circumstances. The following services are not considered eligible for free or discounted care:

- Services offered in connection with cosmetic procedures (unless considered medically necessary by physician review)
- Infertility treatments, and fertility services are not included under this Free and Discounted Care Policy
- Services that have been denied by insurance due to the patient's non-compliance with the requirements of the patient's plan are not considered eligible for financial assistance
- Services reimbursed directly to the patient/guarantor by the insurance carrier or covered by another third party are not eligible for financial assistance

If you meet the above criteria and wish to complete the free or discounted care application, please complete and submit to us via email to billing@greenmountainsurgery.com or mail your application to:

Green Mountain Surgery Center
593 Hercules Drive
Colchester, VT 05446

Please note that an application will not be accepted for review unless all supporting documentation is included. Should you have any questions about the application, please call 802-488-5350.

Free or Discounted Care Application:

Applicant Last Name	First Name	Middle Initial	Date of Birth
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Address	City	State	Zip code	Best Phone Number
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Employer	or check one: <input type="radio"/> Student	<input type="radio"/> Unemployed	<input type="radio"/> Disabled	<input type="radio"/> Divorced	<input type="radio"/> Retired
Marital Status - please check one:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Widowed	

Spouse Last Name	Spouse First Name	Middle Initial	Date of Birth
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Spouse Employer	or check one: <input type="radio"/> Student	<input type="radio"/> Unemployed	<input type="radio"/> Disabled	<input type="radio"/> Retired
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Household Information:

Please list below all dependents who live in your household. Do not include non-dependents who reside in your household.

Note: You may include dependents for which you provide at least 50% support and who are reflected as dependents on your Federal Income Tax Returns.

Last Name	First Name	Relation to Applicant	Date of Birth

Additional Information:

Are you covered under any health insurance policy?

If yes, list insurance(s): _____

If no, answer next question:

Did you enroll with Vermont Health Connect/NY Health Exchange/Medicaid? Yes No

Date _____ Final eligibility determination letter will be required.

If no, reason: _____

Did you file and/or are you required to file a Federal Income Tax Return? Yes No

You must provide copies of your current Federal Income Tax Return.

If no, reason: _____

Do you reside in Vermont or New York greater than 6 months per year? Yes No

Assets, Liabilities and Income

REAL ESTATE owned other than primary residence. Please check those that apply, or **check 'Not Applicable'**

Note: Tax assessment/tax bill and mortgage balance statement, if applicable. Attach separate list if multiple properties exist.

<input type="checkbox"/> Vacation Home	<input type="checkbox"/> Second Home	<input type="checkbox"/> Land	<input type="checkbox"/> Not applicable	Value: \$ _____
Location (address): _____				Mortgage Balance: \$ _____
<input type="checkbox"/> Rental Property	<input type="checkbox"/> Not applicable			Value: \$ _____
Location (address): _____				Mortgage Balance: \$ _____

OTHER ASSETS AND LIABILITIES: Please check those that apply, or **check 'Not Applicable'**

<input type="checkbox"/> Boat	Value: \$ _____	Loan Balance: \$ _____	Not applicable <input type="checkbox"/>
<input type="checkbox"/> Camper	Value: \$ _____	Loan Balance: \$ _____	Not applicable <input type="checkbox"/>
<input type="checkbox"/> ATV / Snowmobile	Value: \$ _____	Balance: \$ _____	Not applicable <input type="checkbox"/>
<input type="checkbox"/> All Other Debt		Loan Balance: \$ _____	Not applicable <input type="checkbox"/>

Monthly Income From:	Person 1	Person 2	Documentation required for verification:
Name of household member:			
Gross Salary Wages	\$ _____	\$ _____	2 consecutive pay stubs / employer pay statement
Self Employed	\$ _____	\$ _____	Tax Return plus current YTD Profit & Loss
Social Security	\$ _____	\$ _____	Award letter, check stub, bank statement, etc
Workers' Compensation	\$ _____	\$ _____	Check, bank statement, online, etc
Unemployment	\$ _____	\$ _____	Check, bank statement, online, etc
Alimony / Child Support	\$ _____	\$ _____	Cancelled check, garnishment, bank statement, etc
Pension / Retirement Income	\$ _____	\$ _____	Bank Statement or Pension check stub
Disability	\$ _____	\$ _____	Check, bank statement, online, etc
Rental Income	\$ _____	\$ _____	Schedule E of IRS tax form
Dividend Income	\$ _____	\$ _____	Current/quarterly statement from financial institution
Other Income:	\$ _____	\$ _____	
Total: \$	\$ _____	\$ _____	

Cash, Savings and Investments:			
Checking Account Balances	\$ _____	\$ _____	Bank statement
Savings	\$ _____	\$ _____	Bank statement
CD Account Balances	\$ _____	\$ _____	Copy of statement
Bonds	\$ _____	\$ _____	Copy of statement or bond
Annuities	\$ _____	\$ _____	Copy of statement
Money Market	\$ _____	\$ _____	Copy of statement
Trust Account	\$ _____	\$ _____	Copy of statement
Stocks / Mutual Funds	\$ _____	\$ _____	Copy of statement
Other - Specify: _____	\$ _____	\$ _____	
Total: \$	\$ _____	\$ _____	

Please Read Carefully

I am requesting financial assistance from The Green Mountain Surgery Center. The above information is true and accurate. I understand that this declaration is used to help verify that I meet the requirements to receive free or discounted services. I understand that a false or misleading declaration by me may result in discount adjustments for which I would not otherwise have qualified and may subject me to civil and criminal penalties.

Signature of Patient (or Parent / Guardian if Patient is under 18)

Date

2024 Income and Asset Guidelines

To be eligible for financial assistance from The Green Mountain Surgery Center, your assets and annual income should be at or below the guidelines shown below. Some items such as your primary residence and non-recreational vehicles are not considered assets for this purpose. If your income and/or assets exceeds the guidelines, but you have extenuating circumstances, an application may be considered when submitted with a letter explaining your extenuating circumstances.

FPLG	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%	Asset Limits
Financial Assistance Percentage	100%	85%	75%	65%	55%	
Household Size						
1 Person	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240	\$50,000
2 Persons	\$40,880	\$51,100	\$61,320	\$71,540	\$81,760	\$50,000
3 Persons	\$51,640	\$64,550	\$77,460	\$90,370	\$103,280	\$50,000
4 Persons	\$62,400	\$78,000	\$93,600	\$109,200	\$124,800	\$50,000
5 Persons	\$73,160	\$91,450	\$109,740	\$128,030	\$146,320	\$50,000
6 Persons	\$83,920	\$104,900	\$125,880	\$146,860	\$167,840	\$50,000
7 Persons	\$94,680	\$118,350	\$142,020	\$165,690	\$189,360	\$50,000
8 Persons	\$105,440	\$131,800	\$158,160	\$184,520	\$210,880	\$50,000
9 Persons	\$116,200	\$145,250	\$174,300	\$203,350	\$232,400	\$50,000
10 Persons	\$126,960	\$158,700	\$190,440	\$222,180	\$253,920	\$50,000
11 Persons	\$137,720	\$172,150	\$206,580	\$241,010	\$275,440	\$50,000
12 Persons	\$148,480	\$185,600	\$222,720	\$259,840	\$296,960	\$50,000
13 Persons	\$159,240	\$199,050	\$238,860	\$278,670	\$318,480	\$50,000
14 Persons	\$170,000	\$212,500	\$255,000	\$297,500	\$340,000	\$50,000
15 Persons	\$180,760	\$225,950	\$271,140	\$316,330	\$361,520	\$50,000

