



Plain Language Summary - Financial Assistance Policy (FAP)

The HMH Carrier Clinic financial assistance policy exists to provide patients partially or fully discounted emergent or medically necessary medical care based on the patient and family resources. Patients seeking financial assistance must complete the Application for Financial Assistance (FAP) which is summarized below and available as follows.

Eligible Patients/Services

Eligible services will include all medically necessary services provided by HMH Carrier Clinic. Eligible patients include all patients who submit the Financial Assistance application (including required documentation) and who are determined to be eligible for financial assistance.

Qualifying for Financial Assistance is determined upon review of the submitted application and supporting financial documentation.

How to Apply

An individual can apply for financial assistance by filling out a paper copy of the application. The paper application is available free of charge by any of the following methods:

- **By Mail:** By writing to the following address and requesting a copy of the financial assistance application: HMH Carrier Clinic 252 County Road 601 Belle Mead, NJ 08502, Attn: Patient Financial Services
- **In Person:** Administration Bldg (Patient Financial Services Dept); 252 County Road 601 Belle Mead, NJ 08502 (Monday thru Friday, 8:00 AM - 4:30 PM)
- **By Phone:** The Patient Financial Services Dept can be reached at 908-281-1554
- **Website:**
<https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>
- Completed applications can be sent to the Patient Financial Services at 252 County Road 601 Belle Mead, NJ 08502

Available Languages:

The Financial Assistance Policy, Billing and Collection Policy, Plain Language Summary, Listing of Eligible and Non-eligible Providers, and Financial Assistance Application are available free of charge in English and the primary language of any populations with limited proficiency in English that constitute the lesser of five (5%) percent of 1,000 individuals within the primary service area served by the HMH Carrier Clinic. Free copies of translations can be obtained at the following website: <https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>

Determination of Eligibility

Patients seeking financial assistance may be eligible for a reduction in amounts due based on the review of the information provided in the Financial Assistance Application including the Available Household Resources (AHR). AHR relates to the total financial resources of the household where the patient resides. A patient with AHR of 100% or less than the respective Federal Poverty Guidelines level, depending on their family size, may be eligible for reduction of up to 100% of the cost of their qualifying medical services. An eligible patient will not be charged more for Emergency or other medically necessary services than Amounts Generally Billed (AGB) to those patients that have insurance.

- For help, assistance, or questions, please visit the Patient Financial Services (Monday thru Friday, 8:00 AM – 4:30 PM) located in Administration Bldg at: 252 County Road 601 Belle Mead, NJ 08502 or call 908-281-1554.