

HOLY NAME MEDICAL CENTER PATIENT GUIDE



Holy Name Medical Center
718 Teaneck Road
Teaneck, New Jersey 07666
Phone: 201-833-3000
holyname.org

This Place is Different.


HolyName
Medical Center


HolyName
Medical Center



WELCOME TO HOLY NAME MEDICAL CENTER

Whether this is your first time at Holy Name, or you have been a patient here before, you will recognize what we have heard time and again – This place is different. From our patient-focused, culturally sensitive healing environment, to our personalized medical and supportive care, to our attention to all the details that make your experience an outstanding one, we aim to exceed your expectations.

Patients turn to Holy Name for comprehensive primary care, emergency services, acute specialty medicine, advanced surgical procedures, minimally invasive interventions, health education, prevention and wellness, fitness programs, home care, and hospice services. All our resources – our prestigious medical staff; skilled Magnet-recognized nurses, allied health professionals, and other medical center employees; and state-of-the-art technology and facilities – come together to provide safe, high-quality, cost-effective care that meets our rigorous standards.

Please use this patient guide to familiarize yourself with our facility, and feel free to ask us any questions or voice your concerns. Thank you for choosing Holy Name for your healthcare, and we wish you a satisfying experience.

Best regards,

Michael Maron, President and CEO

Policies and procedures have been designed to help you and your family work with our doctors, nurses and staff to get the most from your stay at the medical center. Please take a few minutes to review these guidelines with your loved ones.

VISITING GUIDELINES

Our visiting hours are designed to offer flexibility for visitors, while ensuring patients receive their needed rest and the expert care necessary for recovery. All children must be accompanied by an adult to visit a patient in any unit.

Visitors must stop at the information desk in the main lobby to obtain a pass. Two visitors are permitted at a time, except in The BirthPlace, where the limit is six. Patients have the right to tell us if they do not wish to have visitors or others know they are here.

Visitors requesting an exception to any of the above policies must receive permission from the unit's nursing staff.

Patients may request an overnight guest. Each request will be considered on an individual basis. Please speak to the nurse manager on the unit.

Patients (or their support person, where appropriate) have the right to receive visitors that they designate, including, but not limited to, a spouse, a domestic or civil union partner (including a same-sex partner), another family member, or a friend. Each patient has the right to withdraw or deny such consent at any time. We do not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Subject to clinically necessary restrictions or limitations detailed above, all visitors enjoy full and equal visitation privileges consistent with patient preferences.

VISITING HOURS

12 p.m. to 8:30 p.m., unless otherwise indicated. See below.

OTHER UNITS' VISITING HOURS

Medical/Surgical Units
(Lobby North, 1 North, 1 East,
5 Chadwick, 3 Marian, 4 Marian,
5 Marian, 6 Marian):
12 p.m. to 8:30 p.m. daily

The BirthPlace

12 p.m. to 8:30 p.m. The patient's significant other and one other coach or adult are the only people allowed in the room during labor and delivery. Other visitors are asked to wait in the main lobby or in the family waiting room.

Intensive Care Unit

Visiting hours are open 24/7. Quiet hours are 7 a.m. to 8 a.m.; 11 a.m. to 12 p.m.; and 7 p.m. to 8 p.m. We ask that you limit your visiting during these times. If a patient is in crisis, special accommodations will be made at the discretion of the nurse manager or charge nurse. Children under age 16 may only visit once special arrangements have been made and must be accompanied by an adult to visit in the intensive care unit (ICU).

The Pavilion

1 p.m. to 2 p.m.; 7 p.m. to 8 p.m. daily.
Medical center holidays: 12 p.m. to 8 p.m. Visitors must be age 16 and older.

Pediatrics

12 p.m. to 8:30 p.m.
Parents and grandparents: 7 a.m. to 11 p.m. Only one adult may stay overnight. Siblings age 2 and older may visit if accompanied by an adult. Strollers are not allowed in the unit.

ADDITIONAL INFORMATION

Television and Telephone

We are happy to provide complimentary TV and telephone service as well as free access to our patient engagement and education tool, GetWell Network. Your nurse will explain how to use GetWell Network and the importance of completing the educational videos assigned to you.

Smoking

Holy Name Medical Center and its surrounding grounds are smoke-free areas. Smoking is prohibited on the campus. For smoking cessation classes, please call 877-465-9626 or 866-NJ-STOPS.

PATIENT RIGHTS

As a patient at Holy Name Medical Center, you have the following rights under state law and regulations and The Joint Commission guidelines:

MEDICAL CARE

To receive the care and health services that the hospital is required by law to provide.

To participate in the development and implementation of your treatment plan, discharge plan, and pain management plan.

To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved, and reasonable medical alternatives. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin or guardian.

To give informed, written consent prior to the start of specified, non-emergency medical procedures or treatment, only after the physician has explained in terms you can understand, the recommended procedure or treatment, the risks involved, time required for recovery, and any reasonable medical alternatives.

To give or withhold informed consent when recordings, films, or other images of you will be used for purposes other than your care.

To refuse medication and treatment, to the extent permitted by law, and to be informed of the medical consequences of refusal.

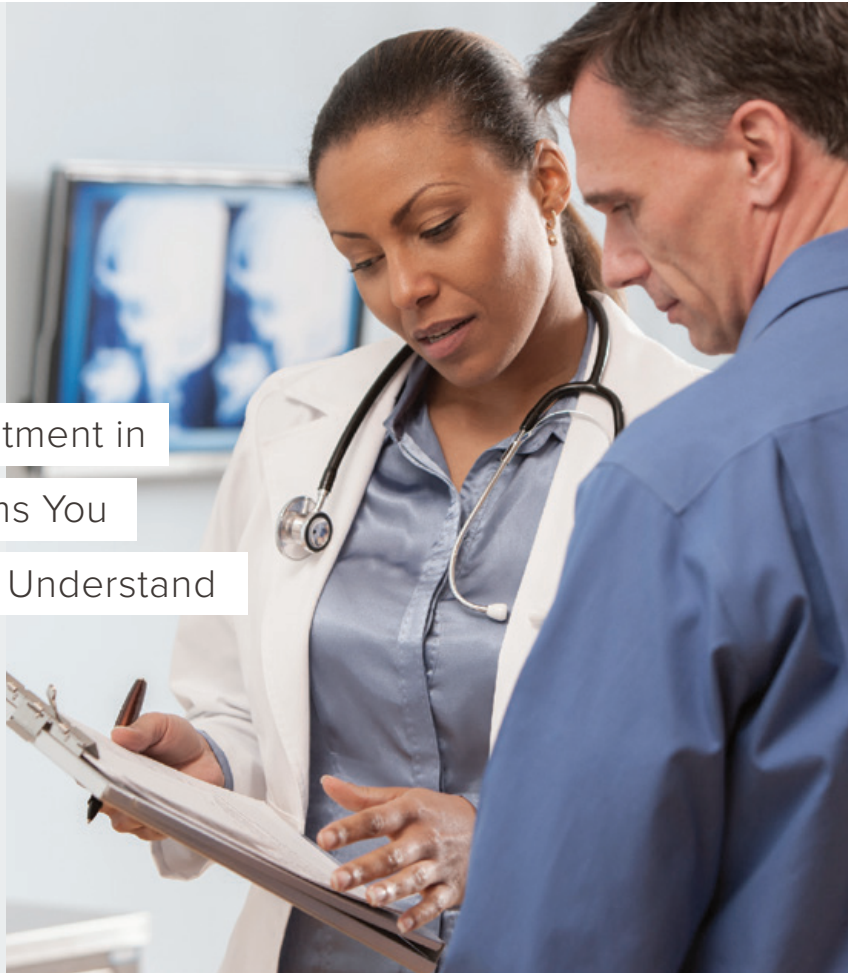
To be included in experimental research only if you give informed written consent. You have the right to refuse to participate.

To receive appropriate assessment, management, and treatment for pain and to participate in the development and implementation of your treatment plan.

To formulate an advance directive and have it followed by the hospital or to be provided with a clear explanation if the hospital cannot follow it on the basis of conscience objection.

We strive to honor patient and family preference and will work where possible on visiting hours to meet the needs of our patients and families.

Treatment in
Terms You
Can Understand



COMMUNICATION AND INFORMATION

If you so elect, to have a family member or representative of your choice and your own physician promptly notified of your admission to the hospital.

To be informed of the names and functions of all healthcare professionals directly caring for you.

To receive, as soon as possible and free of charge, the services of a translator or interpreter, if needed, to communicate with the hospital's staff.

To be informed of the names, titles, and duties of other healthcare and educational institutions involved in your treatment. You may refuse to allow their participation.

To receive, promptly upon request, the hospital's written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms.

To be advised in writing of the hospital's rules regarding the conduct of patients and visitors, including visitation rights and the right to deny visitation.

To receive a summary of your patient rights including the name and phone number of the hospital staff member to whom to direct questions or complaints about possible violations of your rights. If at least 10 percent of the population within the hospital's

service area speaks your native language, you can receive a copy of the summary in your native language.

MEDICAL RECORDS

To have prompt access to your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has the right to see your record.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after submitting a written request to the hospital.

COST OF HOSPITAL CARE

To receive a copy of the hospital's charges, an itemized bill, if requested, and an explanation of charges.

To obtain the hospital's assistance in securing any public assistance and private healthcare benefits to which you may be entitled.

To appeal any charges and receive an explanation of the appeal process.

DISCHARGE PLANNING

To be informed about any need for follow-up care after your discharge from the hospital and to receive assistance in obtaining this care.

To receive sufficient time before discharge to arrange for follow-up care after your hospitalization.

To be informed by the hospital about the discharge appeal process.

TRANSFERS

To be transferred to another facility only for one of the following reasons:

- The transferring hospital is unable to provide the type or level of medical care appropriate for your needs. The hospital shall make an immediate effort to notify your primary care physician and your next of kin, and document that notifications were received; or,
- The transfer is requested by you, or by your next of kin or guardian, when you are mentally incapacitated or incompetent.

To receive an advance explanation from a physician of the reason for your transfer including possible alternatives, verification of acceptance from the receiving facility, and assurance that the move will not worsen your medical condition.

PERSONAL NEEDS

To be treated with courtesy, consideration, and respect for your dignity and individuality.

To have access to storage space in your room for private use. The hospital must also have a system to safeguard your personal property, if you are unable to do so, until your next of kin or guardian can retrieve it.

To contract directly, at your own expense, with a New Jersey licensed registered professional nurse of your choosing for private professional nursing care during your hospitalization. You may request from the hospital a list of local nonprofit nursing association registries that refer nurses.

FREEDOM FROM ABUSE AND RESTRAINTS

To be free from physical and mental abuse, neglect, exploitation, or harassment.

To be free from restraints or seclusion, unless they are authorized by a physician for a limited period of time to protect your safety or the safety of others.

To access protective and advocacy services, to the extent requested.

PRIVACY AND CONFIDENTIALITY

To have physical privacy during medical treatments and personal hygiene functions, unless you need assistance.

To confidential treatment of information about you. Information in your records will not be released to anyone outside the hospital without your approval, unless permitted or required by law or required by another healthcare facility if you need to be transferred for treatment.

LEGAL RIGHTS

To treatment and medical services without discrimination based on age, race, color, religion, national origin, sex, sexual preferences, gender identity, handicap, diagnosis, ability to pay, or source of payment.

To exercise all of your constitutional, civil, and legal rights.

QUESTIONS AND COMPLAINTS


To present questions or grievances to a designated hospital staff member and receive a response in a reasonable period of time. Should you have any questions or complaints about any possible violations of your patient rights or any complaints regarding your care, please speak to the nurse manager on your floor or call the hospital's Patient Advocate at ext. 3500 or 201-833-3500.

You also may contact:


- The Joint Commission's Office of Quality and Patient Safety online at: www.jointcommission.org/report_a_complaint.aspx or mail: One Renaissance Blvd., Oakbrook, IL 60181 or fax: 630-792-5636
- The NJ Department of Health Complaint & Reportable Event Hotline at 1-800-792-9770.

If you need assistance, contact your assigned nurse or the hospital's main switchboard at 201-833-3000.

When the hospital's Patient Advocate receives a complaint, a letter of acknowledgement will be sent to the person making the complaint. The Patient Advocate then will forward the complaint to the appropriate department(s) for review and investigation.



Respect for
Your Individuality
and Dignity



An Advance Directive ensures that your wishes are respected.

When the investigation is completed, a written response will be provided. The average time frame for the completion of the investigation and written response is seven (7) business days, but it could take more or less time depending upon the nature and complexity of the complaint.

This list of patient rights is an abbreviated summary of the current New Jersey law and regulations and certain interpretative guidelines of The Joint Commission governing the rights of hospital patients.

For more complete information, consult the NJ Department of Health regulations at N.J.A.C. 8:43G-4.1 (2016) or Public Law 1989-Chapter 170, available through your hospital.

WHAT ARE YOUR ADVANCE DIRECTIVES?

A living will, healthcare proxy, and durable power of attorney are the legal documents that allow you to give direction to medical personnel, family, and friends concerning your future care when you cannot speak for yourself. You do not need a lawyer in order to complete an advance directive.

Your advance directive is stored electronically in medical records. If you have any changes to your advance directive, please submit a new copy to the Health Information Management Services Department. For more information, please call 201-833-7044.

Advance Directives (Living Wills)

Because we live in the United States, we take it for granted that we are entitled to make decisions about our own health care. The right of a competent individual to accept or refuse medical treatment is a fundamental right protected by law.

But what happens if a serious illness, injury, or permanent loss of mental capacity makes us incapable of talking to a doctor and deciding what medical treatments we do or do not want? Who makes these decisions if we cannot make them for ourselves?

If we can't make our preferences known, how can we make sure that our wishes will be respected? If disagreements arise among those caring for us about different treatment alternatives, how will they be resolved?

An advance directive allows you to outline your healthcare decisions prior to a serious illness or injury.

A properly prepared advance directive allows you to plan ahead so you can make your wishes known, and select someone who will ensure that your wishes are followed.

It is Holy Name Medical Center's policy to follow advance directives that meet requirements under New Jersey law. You are urged to bring your advance directive with you so that it may be photocopied and attached to your current medical record. If you would like an advance directive form, one can be supplied by the Patient Access Department or by your nurse. For more information about advance directives or to obtain forms, speak with the Patient Access Department or your nurse. If you need further assistance, please contact Pastoral Care at 201-833-3243.

The hospital will honor the patient's right to formulate, review, or revise his or her advance directives.

NOTICE REQUIRED UNDER SECTION 1557 OF THE AFFORDABLE CARE ACT

Holy Name Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Holy Name Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Holy Name Medical Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your assigned nurse or the hospital's main switchboard at 201-833-3000. If you believe that Holy Name Medical Center has failed to provide these services or discriminated in another

way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Corporate Compliance Officer, 718 Teaneck Rd., Teaneck, NJ 07666 at 201-541-6350.

You can file a grievance in person or by mail, by fax to 201-833-7221, or by email to compliancehotline@mail.holyname.org.

If you need help filing a grievance, the Corporate Compliance Officer is able to help you.

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>

or by mail or phone at: Centralized Case Management Operation
U.S. Department of Health and Human Services
200 Independence Ave., S.W.,
Room 509F, HHH Building,
Washington, DC 20201
at 1-800-368-1019 or
1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 201-833-3000.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 201-833-3000。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 201-833-3000 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 201-833-3000.

સુચના: જો તમે ગુજરાતી બોલતા છે, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 201-833-3000.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 201-833-3000.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 201-833-3000.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 201-833-3000 पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 201-833-3000.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 201-833-3000.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 201-833-3000.

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 201-833-3000.

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 201-833-3000.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 201-833-3000.

ملاحظه: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 201-833-3000.

NOTICE TO MEDICARE BENEFICIARIES

You have the right to receive all of the care that is necessary for the proper diagnosis and treatment of your illness or injury. Your discharge date should be determined solely by your medical needs, not by DRGs or Medicare payments.

You have the right to be fully informed about decisions affecting your Medicare coverage or payment for your medical center stay.

You have the right as an inpatient to receive a copy of an important message that informs you about your medical center discharge appeal rights.

You have the right during your medical center stay to be fully informed about your discharge plans, discharge date, and services you may need after you leave the medical center.

Quality Improvement Organization

In accordance with federal requirements, the medical records of Medicare beneficiaries admitted to this medical center may be subject to review by physicians and nurses employed by Livanta, LLC.

Livanta, LLC is the Medicare Quality Improvement Organization. They are staffed with doctors and nurses who are paid by the federal government to review medical necessity, appropriateness, and quality of medical center treatment for Medicare patients.

The purpose of this review, which is done independently of this medical center, will be to determine the need for medical care and whether the medical center services rendered to you by your physician could have safely been administered at a less

costly alternate facility, such as a nursing home, outpatient department, or at home. Under the current regulations, if it is determined that your medical center services could have been safely rendered outside the medical center, Medicare will continue to cover your services until noon of the day after Livanta, LLC notifies you of its decision. If Livanta finds that you are not ready to be discharged, Medicare will continue to cover your medical center services.

If you think you are being asked to leave the medical center too soon

You have the right to appeal/request a review of your case by Livanta, LLC if you disagree with your discharge plan of care. Livanta will respond to your request for an appeal if you wish to dispute a discharge decision.

If you decide to appeal, you must contact Livanta no later than your planned discharge date, before you leave the medical center. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like co-pays and deductibles).

If you miss the deadline to appeal and remain in the medical center, the medical center may charge you for any services you receive after your planned discharge date.

The Medicare Quality Improvement Organization for this area:
Livanta, LLC
Telephone: 1-866-815-5440
TTY: 1-866-868-2289

Your discharge date should be determined solely by your medical needs, not by DRGs or Medicare payments.



YOUR PRIVACY AND INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it.

The HIPAA Privacy Rule sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. This information includes:

- Information your doctors, nurses, and other healthcare providers put in your medical records
- Conversations your doctor has with nurses and others regarding your care and treatment
- Information about you in your health insurer's computer system

The Rule gives you, with few exceptions, the right to inspect, review, and receive a copy of your medical records and billing records that are held by health plans and healthcare providers covered by the Rule. The Rule is a federal law that requires security for health information in electronic form.

Access

Only you or your personal representative has the right to access your records. A healthcare provider or health plan may send copies of your records to another provider or health plan only as needed for treatment or payment or with your permission. The Privacy Rule does not require the healthcare provider or health plan to share information with other providers or plans.

Your health information is protected and can be used and shared only:

- For your treatment and care
- To pay doctors and medical centers for your care
- With your family, friends, or others you identify who are involved with your care or your healthcare bills
- To protect the public's health, such as by reporting when the flu is in your area
- To comply with Federal or State Law

Charges

A provider cannot deny you a copy of your records because you have not paid for the services you have received. However, a provider may charge for the reasonable costs for copying and mailing the records. The provider cannot charge you a fee for searching for or retrieving your records.

Provider's Psychotherapy Notes

You do not have the right to access a provider's psychotherapy notes. Psychotherapy notes are notes that a mental health professional takes during a conversation with a patient. They are kept separate from the patient's medical and billing records. HIPAA also does not allow the provider to make most disclosures about psychotherapy notes about you without your authorization.

Corrections

If you think the information in your medical or billing record is incorrect, you can request a change, or amendment, to your record. The healthcare provider or health plan must respond to your request. If it created the information, it must amend inaccurate or incomplete information. If the provider or plan does not agree to your request, you have the right to submit a statement of disagreement that the provider or plan must add to your record.

YOUR INFORMATION

If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you weren't able to exercise your rights, you can file a complaint with your provider or health insurer. You can also file a complaint with the U.S. government. Go online to <https://ocrportal.hhs.gov> for more information.

HOW DO I GET COPIES OF MY MEDICAL RECORDS?

Health Information Management Services supplies medical information to patients. Your records will be supplied in a timely manner, usually within 30 days. Fees may apply.

All requests need to be in writing. Forms are available on the nursing units and in the Health Information Management Services Department. For more information, please call 201-833-3052.

A separate law provides additional privacy protections to patients of alcohol and drug treatment programs. For more information, go online to www.samhsa.gov.



Sharing Information with Family and Friends

The Rule does not require a health-care provider or health plan to share information with your family or friends, unless they are your personal representatives.

However, the provider or plan can share your information with family or friends if:

- They are involved in your healthcare or payment for your health care
- You tell the provider or plan that it can do so
- You do not object to sharing of the information
- If, using professional judgment, a provider or plan believes that you do not object

Examples:

- If you do not object, your doctor could talk with the friend who goes with you to the hospital or with a family member who pays your medical bill.
- If you send your friend to pick up your prescription for you, the pharmacist can assume that you do not object to him/her being given the medication.
- When you are not there or when you are injured and cannot give your permission, a provider may share information with these people if it seems like this would be in your best interest.

Know Your Rights

If you think your health information privacy rights have been violated in any way you have the right to file a complaint with the Office for Civil Rights (OCR).

OCR is also responsible for enforcing civil rights laws that apply to recipients that receive federal financial assistance from the U.S. Department of Health and Human Services. These laws prohibit discrimination on the basis of race, color, national origin, disability, or age. Some laws may also protect against discrimination based on gender or religion.

PATIENT RESPONSIBILITIES

The ability to provide quality care and treatment requires your assistance and cooperation. You, as a patient, are responsible for:

- Providing accurate and complete information regarding present illness, past medical history, and other matters relating to your health.
- Reporting any changes in your condition to your physician.
- Asking for a clear explanation if you do not understand your health problems and/or any possible treatment(s) that may be administered. Do not make any decisions about your care if you feel that you are not fully informed.
- Following the treatment plan that is recommended by your physician and assisting the nurses and other medical personnel by following instructions.
- Accepting responsibility for your actions, and the results, if you refuse treatment or do not follow instructions.
- Meeting the financial obligations of your healthcare promptly.
- Following the medical center's rules and regulations affecting your care, conduct, and safety, including not smoking on medical center grounds and not bringing anything of value to the hospital.

- Showing respect and consideration for the rights of other patients and hospital personnel by allowing them privacy, limiting your visitors, and maintaining a quiet atmosphere. Telephones, televisions, radios, and lights should be used in a manner that is agreeable to others.
- Controlling the noise and conduct of your visitors.
- Maintaining the security of your personal belongings and respecting hospital property and the property of other patients.

Information is Key to Making Good Healthcare Decisions

- Track your lab results and medications
- Understand your health history
- Get X-rays and other medical images
- Ask better questions and make healthier choices
- Share information with those you want, such as a caregiver or a research program, so you can help yourself and help others



Our Attention to Details
 Makes Your Experience
 An Outstanding One

PREPARING FOR DISCHARGE

BILLING

What a Medical Center Bill Covers

Patient Financial Services is available to answer any questions you may have pertaining to your medical center bill. The department may be reached by calling 201-833-3338 or 201-833-3339 during regular business hours, Monday through Friday from 8:30 p.m. to 4 p.m. For questions regarding a bill for an outpatient service, please call 201-833-3341. Please understand that you may receive bills for non-medical center charges such as services rendered from your physician or a consulting physician such as a radiologist. Questions regarding bills other than those generated from Holy Name Medical Center should be directed to the appropriate billing party.

For your convenience, and to help you save time and postage, Holy Name Medical Center accepts payments on-line via our website at: <https://holyname.org/BillPay/index.aspx>

HOLY NAME MEDICAL CENTER FINANCIAL ASSISTANCE POLICY

Policy Statement

Holy Name Medical Center's (HNMC's) Financial Assistance Policy (FAP) exists to provide eligible patients partially or fully discounted emergency or other medically necessary health-care services provided by HNMC.

Eligible Services: Emergency or other medically necessary healthcare services provided by HNMC and billed by HNMC. Other services that are separately billed by other providers, such as physicians or laboratories, may not be eligible under the FAP.

Eligible Patients: Patients receiving medically necessary or emergent services, who submit a complete Financial Assistance Application, including related documentation/information and who are determined eligible for financial assistance by HNMC.

How to Apply

FAP and related application forms may be obtained/completed/submitted as follows:

- Paper copies of the FAP, FAP application form, Plain Language Summary (“PLS”) of the FAP, and the Charity Care Application form are available upon request and without charge by mail/or visiting in person at the hospital’s Financial Counseling office located within the Patient Access/Registration Department on the lobby floor. Office hours are Monday through Friday between 8:30 a.m. to 2:30 p.m.
- Requests to be pre-screened for HNMC’s financial assistance programs may be made by calling the Financial Counseling office at 201-833-3157.
- The FAP, FAP Application form, PLS, and the Charity Care Application may be downloaded from the hospital’s website: www.holyname.org/Financial/index.aspx

Determination of Financial Assistance Eligibility

Generally, people are eligible for financial assistance using a sliding scale when their Gross Family Income is at or below 500 percent of the federal government’s federal poverty guidelines (FPG). Eligibility for financial assistance means that eligible persons will have their hospital care covered fully or partially, and they

will not be billed more than “Amounts Generally Billed” (AGB) to insured persons (AGB as defined in IRC Section 501(r) 5 by the Internal Revenue Service).

Other criteria beyond FPG also may be considered, for example, the availability of cash or other assets that may be converted to cash, and excess monthly gross income relative to monthly household expenditures. Incomplete applications are not considered, and applicants will be notified and given an opportunity to provide the missing documentation/information. For 501(r) purposes, patients will be given up to 240 days post-discharge billing statement to submit a completed FAP application. For Charity Care purposes, patients will be given up to one year from date of service to submit a completed Charity Care Application.

HNMC also will translate its FAP, FAP application form, and PLS of its FAP in other languages when the lesser of 5 percent of the community or 1,000 individuals served by, affected or encountered by HNMC speak that language. Translated versions will be made available upon request in person in the Financial Counseling office, located in the Patient Access Department, located on the lobby floor at 718 Teaneck Rd. as well as on the hospital’s website: www.holyname.org/Financial/index.aspx



This Place is Different.