University of Vermont Health

Porter Medical Center

Policy Summary

Get help paying for health care.

We have a financial assistance program to help you afford the care you need.

What is a financial assistance program?

We offer financial assistance to people who don't have insurance. We also offer assistance to people who have insurance with out-of-pocket costs that they can't afford. It can be used for ongoing care and emergencies. The care must be medically necessary for your health to be approved for assistance.

Who can get financial assistance?

To qualify:

- **Eligibility is based on income and assets**; see application for necessary documentation.
- **You must be a "Vermont resident**" – this includes students, people who are employed in Vermont, undocumented immigrants, people who live in Vermont but do not have stable housing It does not include visitors or travelers unless care is emergent.
- **Your income must be less than the limit.** There are different income limits for free and low-cost care. See the charts.
- **Your "liquid" resources must be less than the limit.** These are cash, checking and savings accounts, etc. (Your primary home, car, and retirement accounts will not count against you.)

Income limits

Find your household size and income on the charts below. For most people, your household size will be the people listed on your taxes. If you make too much money for free care, you might qualify for low-cost care.

Free care

You could get free care (pay $0) if your household income is below 250% of the Federal Poverty Level (FPL). In 2026, your income would need to be less than:

Household Size	Maximum Income
1 person	$39,900
2 people	$54,100
3 people	$68,300
4 people	$82,500
5 people	$96,700
6 people	$110,900
7 people	$125,100
8 people	$139,300

Low-cost care

If your household income is below 400% of the Federal Poverty Level (FPL), you may qualify for a 76% discount. In 2026, your income would need to be less than:

Household Size	Income Maximum
1 person	$63,840
2 people	$86,560
3 people	$109,280
4 people	$132,000
5 people	$154,720
6 people	$177,440
7 people	$200,160
8 people	$222,880

Catastrophic care

Ask us about catastrophic (seriously injured or sick) care if you owe the hospital a lot of money, but your income is too high to qualify for free or low-cost care. This type of assistance is available to patients whose balance is greater than 20% of their annual household income. **We can help you determine if you are eligible.**

More information on the back

Services Covered

- Emergency medical services provided in an emergency room setting;
- Urgent services for a condition which, if not promptly treated, would lead to a harmful change in the health status of an individual;
- Elective medically necessary services

Services NOT Covered

- Cosmetic/Plastic services
- Infertility/fertility services
- Non-medically necessary care
- Research / Experimental services
- International patient care unless service is provided in an emergency room setting; defined as visitors not residents
- Services rendered at Apple Tree Bay

How to apply

You can apply before or after you get medical services.

Follow these steps:

1. **Get a free application.**
   - In-person: Registration or 23 Pond Lane
   - Online: Patient Financial Services - Porter Medical Center
   - Phone: Call (802) 847-8000
2. **Fill out the application.** DO NOT leave any sections blank. Include supporting documentation as noted on the application.
3. **Give or send us your finished application.**
   - Drop it off at: 23 Pond Lane, Middlebury VT
   - Mail it to:
     University of Vermont Health Network
     Financial Assistance Program
     Patient Access Department IDX 22052
     111 Colchester Avenue
     Burlington, VT 05401

What happens next?

You will get a letter from us in the next 30 days. It will say if you are approved, denied, or need to send more information.

If your application is denied, you may appeal the decision. Requests for appeals should be sent to the Patient Financial Assistance Specialist in writing within 60 days of the denied request and must include the reason for appeal.

How to get help filling out the application

- **Visit our financial counseling office:** 23 Pond Lane, Middlebury, VT
- **CALL**: (802) 847-8000

Free language support

We offer free help to people who have communication or language needs. We can also help those who need this information in different ways. For interpreters and translation support 802-847-8899.

More information

Who accepts financial assistance?

Not all providers are covered by our financial assistance policy. See our list here: Financial Assistance (portermedical.org). You can also ask us about your doctor.

Read the full policy

This is a plain language summary of our financial assistance policy. Our full policy is here: Financial Assistance (portermedical.org).

Non-discrimination

We do not discriminate based on race, color, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information.