Financial Assistance Program

Questions & Answers and Information You Should Know

Can you explain the application process?

Yes. If you have any questions regarding the process or need help understanding any part of the application process, please contact a member of our Customer Service team at (800) 639-2719.

Can I get help completing my application?

Yes. Please contact Customer Service at 847-8000 or 1-800-639-2719 with questions or email us at CustomerService@UVMHealth.org. If you would like to speak to a Financial Advocate or Counselor our address locations are listed below. The staff at the Health Assistance Program are also available to meet with you to complete the application. Please call them at 802-847-6984 to make an appointment.

Central Vermont Medical Center

Financial Advocacy
3 Home Farm Way
Montpelier, VT 05602
(802) 371-4600 Option 1

Porter Medical Center

Financial Counseling
23 Pond Lane
Middlebury, VT 05753
(802) 388-8808

University of Vermont Medical Center

Financial Advocacy
111 Colchester Ave
Burlington, VT 05401
Main Campus, ACC Registration
(802) 847-1122

If a question or section does not apply to me, can it be left blank?

No. We require a complete application when applying for financial assistance. If a section or question does not apply, write N/A for not applicable.

If I don't have all the documentation requested. Can I send what I have?

No. You must return a complete application with all the appropriate documentation, or the application will be denied until supporting documentation is submitted. If you have a question about a specific document, please call our customer service department at (800) 639 2719, there may be an alternative document that may be substituted.

I am not sure if I qualify for Medicaid, NY Family Health Plus or another insurance program funded by the State, can you help me determine if I'm eligible?

Yes, please contact our financial advocates or counselors at the appropriate hospital organization above to schedule a meeting or screening as needed.

What can I submit for proof of Income:

Your most recent federal income tax return is the preferred proof of income document. Alternatively, you may submit pay stubs, documentation of public assistance, profit and loss statements, benefit verification letters, letters from your employer, migrant worker contracts, or the Open-Door Clinic, etc.

I sent my W2's then I received my application back asking for my Federal Tax Return. Why?

There is a difference between your W-2's and your Federal Tax Return. A W-2 is simply a statement of your earnings from a specific employer. Your Federal Tax Return is a complete recording of your total income. We require proof of income and prefer a copy of your Complete Federal Tax Return, however, an acceptable alternative may be submitted (see above). W-2's cannot be used as a substitute. If you do not have a copy of your Federal Tax Return contact the Internal Revenue Service (IRS) at 1-800-908-9946 and request a Tax Return Transcript at no cost or visit www.irs.gov/Individuals/Get-transcript

What year of my Federal Tax Return do I send?

Provide the most recent tax filing year - after April 15th.

What is a benefit verification letter?

If you are receiving social security (SSI) benefits, this is the yearly letter that social security sends notifying you of your monthly eligible benefits. For verification purposes we will accept a copy of the benefit award letter. To obtain a copy of your Benefit Verification Letter, visit www.ssa.gov/myaccount/

My employer does not provide pay stubs, what should I do?

We recommend submitting a copy of your most recent income tax return. If that is not available there are other alternative documents you may submit, please see above or refer to the documentation checklist on the application. Please note, if you are married or have a domestic partner, their verification is also required. For migrant workers, a copy of your contract or a letter from your employer is acceptable.

I do not complete a quarterly profit and loss (P &L) for my business. Can I just send my current Federal Tax Return?

Yes, however, in lieu of your federal income tax return, your P&L is an acceptable alternative document for income verification.

What is the coverage period for Financial Assistance?

Your coverage period will be indicated on your grant letter. It may be valid up to six months, for twelve months if disabled, aged 65 or greater and retired or in the case of a catastrophic grant, it may be valid for a single event of care only. If your income indicates you may be eligible for Medicaid, NY Family Health Plus or another insurance program funded by the State, you will be required to apply for Medicaid if you meet their eligibility requirements.

Note: If you are an undocumented immigrant, you are not required to apply for Medicaid.

Additionally, no patient shall be required to purchase a private medical insurance plan to qualify for our financial assistance program.

Your approval letter will indicate the coverage period.

How often do I need to re-apply for Financial Assistance?

Financial Assistance is a program for patients facing financial hardship and should only be applied for if you have medical bills you cannot pay with UVMHN. You can apply at any time if you have balances you're unable to pay, if you expect that an account currently pending insurance will leave a balance or expect that a future scheduled medical service will leave you a balance.

How can I check the status of my application?

We process applications within 30 days of receipt and will send you a confirmation letter when a final decision is made. If you have not heard from us within 30 days, please call our Customer Service department at (802) 847 800 or (800) 639-2719.

How will I find out if my application has been approved?

If we need additional information we will call or mail you requesting the missing information. Once the application is complete, we will notify you of the final decision within 30 days. If approved, the letter will include the discount provided, if denied the reason for denial will be explained in the letter. If approved, current and future bills will have the discounts applied to all eligible balances within your coverage period. The discount will be visible on your future billing statements.

Why would my physician bill not be covered by financial assistance?

All eligible services billed by the hospital are covered by financial assistance, however, not all providers delivering care at UVMHN are employed by the hospital or health system.

We bill for, and are financially responsible for, UVMHN employed physicians. Private practice physicians are independent and bill for their professional services through their practice.

For example, an independent physician may perform a surgical procedure in the UVMHN OR which produces two bills: one for the hospital procedure and one for the physician's care. If the physician is employed by UVMHN, both bills will be eligible for financial assistance. If the physician is independently employed, you will have one bill from UVMHN for the procedure and one bill from the physician. Only the UVMHN bill would be eligible for assistance. We only offer assistance for services we bill.