



Financial Assistance Policy Plain Language Summary

Speare Memorial Hospital (SMH) and Speare Physician Practices are committed to providing medical services to patients regardless of their ability to pay. We recognize that not all patients may have the financial resources to pay their medical bill. This Plain Language Summary provides basic information about our policy.

Speare Memorial Hospital Financial Assistance Policy

The Financial Assistance Program offers emergency and other medically necessary services at low cost to qualified patients. Whether patients are uninsured or underinsured, they can apply for financial assistance. Our Financial Counseling staff will assist individuals in applying for eligible government health insurance programs and completing the financial assistance application, free of charge. Upon approval patients may receive the following assistance:

| Federal Poverty Level | Amount of Assistance |
|-----------------------|----------------------|
| 0 - 150% | 100% |
| 151% - 175% | 75% |
| 176% - 200% | 50% |
| 201% - 225% | 25% |

Patients who qualify cannot be charged more than the amount generally billed (AGB).

IMPORTANT: Out of Network Copays, Coinsurance and Deductibles are not eligible for Financial Assistance.

How to Obtain Copies of our Financial Assistance Program Policy and Application

You may obtain a copy of our policy and application form free of charge in the following ways:

- SMH website <https://spearehospital.com/patients-visitors/financial-assistance/>
- Visit our Financial Counseling office located at:
Speare Memorial Hospital
16 Hospital Road
Plymouth, NH 03264
- Request copies to be mailed or sent electronically by calling (866)557-2555

Speare Memorial Hospital Communication of Financial Assistance Policy and Application

SMH will provide appropriate and necessary interpreters, to patients/families and/or other responsible parties who have limited proficiency in English and/or have hearing and visual impairments in keeping with ADA Requirements outlined by the U.S. Department of Justice/Civil Rights Division (September 15, 2010) to ensure that optimal communication occurs between staff and patients, families and responsible parties. These services will be provided at no cost to the patient/ family and/or responsible party.

Providers who are not covered under the Financial Assistance Policy

Certain physicians are not covered under the SMH Financial Assistance policy. Please visit our website or contact us at (866) 557-2555 for more information.

Return your completed application to:
Speare Memorial Hospital
Financial Assistance
16 Hospital Road
Plymouth, NH 03264

If approved, financial assistance will apply to:

- Speare Memorial Hospital
- Speare Primary Care
- Plymouth Pediatric & Adolescent Medicine
- Plymouth General Surgery
- Plymouth OB/GYN
- Plymouth Orthopedic & Sports Medicine
- White Mountain Eye Care

Important: Patients/guarantors may apply for financial assistance at any time up to two hundred forty (240) days after the first post-discharge billing statement is available.