TO APPLY YOU WILL NEED

PROOF OF HOUSEHOLD INCOME
For every working adult household member
Such as
• Two recent pay stubs
• Income tax return and schedule
  C (if self employed)

A PICTURE ID
For every adult household member
Such as
• Drivers license or other government
  issued ID with photo
• Draft record of military card
• Student ID
• Passport photo

CITIZENSHIP VERIFICATION REQUIRED
For all U.S. Citizens in the household.
Please provide one of the following for each
household member
• Birth certificate
• Passport
• Certified hospital record
• Naturalization Certificate

IMMIGRATION STATUS
For non-citizens, who wish to apply for medical
assistance other than Limited MassHealth
• Passport/Visa
• Legal permanent resident card
• Naturalization certificate

ASSET INFORMATION
If over 65 years old
Including bank statements, life insurance,
value of property, and vehicles.

Ask about other forms of identification
or citizenship verification of none of the
above listed are available.

FOR ASSISTANCE WITH APPLYING
FOR HEALTH INSURANCE
You may call 617.414.5155 or email
patfinoutreach@BMC.org to schedule an
appointment to complete an application
with a Patient Financial Counselor.
If you are uncertain about your eligibility for
a particular program or whether a particular
medical service will be covered by a program,
please contact that program’s service
number, listed below.

PATIENT QUICK REFERENCE GUIDE

Boston Medical Center
Financial Assistance
Program

PLEASE NOTE
In the event of an emergency you should
always seek immediate medical attention at
the nearest hospital emergency department.

MASSHEALTH
1.800.841.2900

HEALTH CONNECTOR
1.877.623.6765

SNAP FOODSTAMPS
1.877.382.2363
The mission of Boston Medical Center (the “Hospital”) in partnership with its licensed Community Health Centers, is to provide consistent, high quality, accessible services to all in need of medically necessary care, regardless of ability to pay. Its vision is to improve the health of the people of Boston and its surrounding communities in a financially responsible manner.

The Hospital will help uninsured and underinsured Massachusetts residents apply for health coverage through public assistance programs (including MassHealth, the premium assistance payment program operated by the Health Connector, the Children’s Medical Security Program, the Health Safety Net, and Medical Hardship) or the Hospital’s financial assistance program. Hospital employees will work with individuals to apply to appropriate programs.

WHO IS ELIGIBLE?

Low-income uninsured and underinsured patients who are Massachusetts residents and meet income qualifications are eligible for financial assistance. The financial assistance programs are determined by reviewing, among other items, an individual’s household income, assets, family size, expenses, medical needs, and state of residence. If eligible, some patients will not be required to pay for services; others may be asked to make partial payments. A Massachusetts resident of any income may qualify for Medical Hardship through the Health Safety Net if certain medical expenses have so depleted his or her income that he or she is unable to pay for health services.

HOW TO APPLY

The Hospital’s Financial Assistance Policy, Billing and Collections Policy, and the Plain Language Summary are available to all patients in English, Spanish, Haitian Creole, Chinese, Vietnamese, Portuguese, Arabic, French, and Russian. The Hospital’s Financial Assistance Policy application and instructions are available to all patients in English and Spanish. Assistance in completing the application in other languages is available through MassHealth’s interpretive services at 1.800.841.2900 or BMC’s Financial Counseling Office at 617.414.5155. More information about the Hospital’s financial assistance program, including the application form and instructions, is available on the Hospital’s website: BMC.org/services/patient-financial-assistance-program and at the locations and phone numbers below.

FINANCIAL ASSISTANCE PROGRAM INFORMATION

For more information about the Hospital’s financial assistance program, including application and instruction translation assistance, please contact the financial counseling office at the locations and phone number listed to the right (1-3) or MassHealth for questions specific to the application and instructions (4).

1. In any patient registration area within the Hospital
2. By calling the Financial Counseling Department at 617.414.5155
3. Making a written request to the address below:
   Boston Medical Center
   Attention: Financial Counseling Office
   840 Harrison Ave
   Boston, MA 02118
4. By calling MassHealth’s interpretive services at 800.841.2900