

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](tel:617.414.5155) or email patfinoutreach@BMC.org to schedule an appointment to complete an application with a Patient Financial Counselor.

Walk-in hours are also available. Locations and times vary. Visit [BMC.org/services/patient-financial-assistance-program](https://www.bmc.org/services/patient-financial-assistance-program) for the most up-to-date information regarding walk-in appointments 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.

MASSHEALTH
1.800.841.2900

HEALTH CONNECTOR
1.877.623.6765

SNAP FOODSTAMPS
1.877.382.2363

Boston Medical Center Financial Assistance Program

PATIENT QUICK REFERENCE GUIDE

PLEASE NOTE

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



FINANCIAL ASSISTANCE PROGRAM INFORMATION

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.

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).

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](https://www.bmc.org/services/patient-financial-assistance-program)

and at the locations and phone numbers below.

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**