

New Jersey's Charity Care Program—Finding the Answers on Charity Care
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The information in this handbook is accurate as of September 2010, but laws often change. Please check our Web site, ***www.lsnjlaw.org***, for updates to this handbook or talk to a lawyer for up-to-date legal advice.



**WRITTEN AND PUBLISHED BY
LEGAL SERVICES OF NEW JERSEY**

NEW JERSEY'S CHARITY CARE PROGRAM

FINDING THE ANSWERS ON CHARITY CARE



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Preface

LEGAL SERVICES OF NEW JERSEY (LSNJ) coordinates the statewide Legal Services system in New Jersey, providing free legal assistance to low-income people in civil matters. Part of Legal Services' mission is to make people more aware of their legal rights and provide helpful information if they choose to pursue a legal case on their own. Knowing your rights may help you resolve some problems on your own, without the need for a lawyer, or make better use of a lawyer if you have one.

Please Note—A Word of Caution

This handbook gives general information about the law and eligibility for the Charity Care program in New Jersey. It does not give specific advice about a particular legal problem that you may have, and it is not a substitute for seeing a lawyer when you need one. By all means talk to a lawyer if you think you need the help.

The information in this handbook is accurate as of September 2010, but laws often change. In particular, the income limits in Tables I, II, and III change. Please check our Web site, www.lsnjlaw.org, for updates to this handbook, or talk to a lawyer for up-to-date legal advice.

If You Need a Lawyer

If you need the advice of a lawyer but you cannot afford one, you may be eligible for Legal Services. Contact the regional Legal Services program near you. Telephone numbers are listed on the inside front cover of this handbook. You may find a list of offices and directions on our Web site at www.lsnj.org/directory.htm.

You may also contact Legal Services of New Jersey's statewide, toll-free legal hotline, LSNJ-LAW™, at 1-888- LSNJ-LAW (1-888-576-5529). (Outside of New Jersey, please call 732-572-9100 and ask to be transferred to the hotline.) The hotline provides information, advice, and referral to low-income residents of New Jersey

with civil legal problems. If you have a low income and are not able to get the necessary medical care you need, you may call the hotline and ask to be transferred to the Health Care Access Project.

If you do not qualify for Legal Services, contact your local lawyer referral service. Your county bar association can give you the telephone number for the lawyer referral service in your area.

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This edition of *New Jersey's Charity Care Program: Finding the Answers on Charity Care* was written by Linda Garibaldi, formerly a senior attorney at LSNJ's Health Care Access Project, and LSNJ Senior Attorney Josh Spielberg. Gail Chester, deputy director of Middlesex County Legal Services, wrote the first edition of this handbook in 1990. Susan Perger, LSNJ publications director, was responsible for editing, design, layout, and production of the printed and PDF editions. Special thanks to other LSNJ staff who made this edition possible: Tricia Simpson-Curtin, writer/editor, and Al Moreno, M.A., coordinator of language services, who translated this edition into Spanish.

How to Get Copies of This Handbook

This handbook is available on our Web sites at www.lsnjlaw.org (in text format) and www.lsnj.org (PDF) in English and in Spanish. Because of deep funding cutbacks, we are uncertain whether we will be able to offer printed copies in the future. Please check the Web sites listed above for updated ordering information.

Comments and Suggestions

We hope this handbook will be helpful to you. Please let us know if you have any suggestions that we might use in future editions. We would also like to know about your experiences in applying for Charity Care. You may contact us at:

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*Melville D. Miller, Jr., President
Legal Services of New Jersey
September 2010*

You May Be Eligible for Free or Reduced-Cost Hospital Care

NEW JERSEY HOSPITALS that provide general care are forbidden by law from turning away patients because the patients do not have health insurance or because they are not able to pay for their care.

There are many people in New Jersey who have some type of private health insurance to cover all of their hospital expenses, such as Medicaid or NJ FamilyCare. There are also some people who have Medicare or health insurance that covers most or a part of their medical costs when they cannot afford to pay the entire amount. But there are many people in New Jersey who have no insurance or health benefits and who cannot afford to pay for the medical care they need from hospitals. If you do not have insurance coverage for your entire hospital bill, you may be eligible for Charity Care (the New Jersey Hospital Care Payment Assistance Program). This handbook will help you to understand Charity Care and help you get it if you are eligible.

What is Charity Care?

Charity Care is a state program for low-income people in New Jersey who do not have full health care coverage and who are not eligible for programs like Medicaid and NJ FamilyCare. If you already have insurance that will pay for some of your hospital bill but not all of it, Charity Care may pay for the rest of the bill if you are eligible. Charity Care is available in every acute care hospital in New Jersey, and it pays for both inpatient and outpatient care. Every hospital providing general care is required to tell you about Charity Care and help you apply for it.

The Charity Care program has rules that the hospitals must follow to decide which patients are eligible for free or reduced-cost care. The program also has rules about how patients can apply for Charity Care. This handbook is designed to help you understand how the program works and how the Charity Care program can help you. It also explains how to apply and how to know if you may be eligible.

If you might be eligible for Medicaid or NJ FamilyCare, you will be required to apply for those programs before seeking Charity Care. Also, if you have Medicare or health insurance, the Charity Care program will not pay for any amounts that are covered by those insurers.

I need hospital care but I do not have insurance, Medicaid, or NJ FamilyCare. What can I do if I do not have enough money to pay for my care?

You may apply for Charity Care. If you are eligible for this program, it will pay all or part of your hospital bill. You should apply for Charity Care at the hospital where you receive the service, usually in the hospital's business office. But please read the rest of this handbook before you apply.

The hospital must give you a written notice about Charity Care. If they do not give it to you when you first go for medical help, they have to send it to you with their first bill. If you were admitted to the hospital through the emergency room, the hospital must give you a written notice about Charity Care before you are discharged. There should also be signs posted in the hospital admissions area about Charity Care, written in English, Spanish, and any other language that is spoken by 10 percent or more of the hospital's patients.

Ask for an application for Charity Care. You may have to go to the hospital's business office to get the application. They will help you to fill out the application and tell you what

information you need to give them. Be sure to make a copy of your completed application to keep in a safe place at home before you give it to the hospital.

Do I have to be a citizen or a legal permanent resident to be eligible for Charity Care?

No. You do not have to be a citizen or legal permanent resident (have a green card) or have any particular immigration status to be eligible for Charity Care. However, if you are in the United States on a student visa or a tourist visa, Charity Care will cover your hospital bills only if you are admitted for emergency care. (See below for more information about Charity Care for other non-New Jersey residents.)

What is the income limit for free hospital care?

If your gross annual income (income before federal and state taxes are taken out) at the time you receive the hospital care is lower than the amount shown in Table I, you may be eligible for free hospital care. Your gross income includes your earnings and all other money you or your family members receive, including non-taxable income like Social Security. Do not count income that your husband or wife gets if you are separated and your spouse does not share his or her income with you. (Keep in mind that, even if you are below the income levels in Table I, the amount of assets you can own is limited. The exact limit is discussed below.)

The numbers in Tables I and II are based on New Jersey Department of Health and Senior Services standards. These amounts are increased every year.

Table I. Income Requirements for Free Care
(Less than or equal to 200% of the federal poverty guidelines,
using 2010 guidelines)

Family Size	Maximum Yearly Income
1	\$21,660 or less
2	\$29,140 or less
3	\$36,620 or less
4	\$44,100 or less
5	\$51,580 or less
6	\$59,060 or less
7	\$66,540 or less
8	\$74,020 or less
(A pregnant woman is counted as two family members. For families with more than eight members, add \$7,480 for each additional family member.)	

What if my income is higher than these amounts?

Even if your gross annual income is not less than the amounts in Table I, you may still be eligible for reduced-cost care. Reduced-cost care means that you may only have to pay a part of your hospital bill, depending on your income. If your gross annual income is between the amounts for your family size in Table II, you will only be charged 20 to 80 per cent of your bill. (Remember that there is still a limit for the amount of assets you may have.)

**Table II. Income Requirements for Reduced-Cost Care
(Patients pay between 20% and 80% of their bill if their income is between 200% and 300% of the federal poverty guidelines, using 2010 guidelines.)**

	You Pay 20% of Your Bill	You Pay 40% of Your Bill	You Pay 60% of Your Bill	You Pay 80% of Your Bill
Family Size	>200% to 225%	>225% to 250%	>250% to 275%	>275% to 300%
1	\$21,661 to \$24,368	\$24,369 to \$27,075	\$27,076 to \$29,783	\$29,784 to \$32,490
2	\$29,141 to \$32,783	\$32,784 to \$36,425	\$36,426 to \$40,068	\$40,069 to \$43,710
3	\$36,621 to \$41,198	\$41,199 to \$45,775	\$45,776 to \$50,353	\$50,354 to \$54,930
4	\$44,101 to \$49,613	\$49,614 to \$55,125	\$55,126 to \$60,638	\$60,639 to \$66,150
5	\$51,581 to \$58,028	\$58,029 to \$64,475	\$64,476 to \$70,923	\$70,924 to \$77,370
6	\$59,061 to \$66,443	\$66,444 to \$73,825	\$73,826 to \$81,208	\$81,209 to \$88,590
7	\$66,541 to \$74,858	\$74,859 to \$83,175	\$83,176 to \$91,493	\$91,494 to \$99,810
8	\$74,021 to \$83,273	\$83,274 to \$92,525	\$92,526 to \$101,778	\$101,779 to \$111,030
For each additional person, add:	\$6,160 for 200% limit \$8,415 for 225% limit	\$8,415 for 225% limit \$9,350 for 250% limit	\$9,350 for 250% limit \$10,285 for 275% limit	\$10,285 for 275% limit \$11,220 for 300% limit

You may be eligible for extra help if you qualify for reduced-cost care as described in the income guidelines in Table II above. If your family’s medical expenses within a 12-month

period are more than 30 percent of your annual gross income, you will only have to pay an amount equal to 30 percent of your income. The rest of the medical bill will be covered by Charity Care.

If your gross annual income is more than 300 percent of the poverty level (the last column of figures in Table II) at the time you receive the hospital care, you should expect to be charged the entire bill. But see below for new restrictions on what hospitals may charge low-income patients without insurance coverage.

Remember that the income limits in Tables I and II increase every year because the government raises its income guidelines. Your hospital will have the most up-to-date figures. You also may find updates to this handbook on our Web site at www.lsnjlaw.org or contact LSNJ-LAW, Legal Services of New Jersey's statewide, toll-free legal hotline, at 1-888-LSNJ-LAW (1-888-576-5529).

If I qualify for the reduced-cost care described in Table II, how much can the hospital charge me for the health care services that they gave me?

Hospitals often try to charge uninsured patients “full charge,” which is frequently three to five times more than what insured patients are charged for the same health care service. You should ask that your 20% to 80% reduction be applied to the amount that Medicaid pays the hospital for the same health care service(s). If the hospital does not agree, you should insist that your reduction be applied to what Medicare pays the hospital for the same health care service(s).

What can a hospital charge me if I am uninsured but I do not qualify for Charity Care?

In July 2008, a new law was signed that prohibits New Jersey hospitals from charging those with income below 500% of

the federal poverty level more than 15% above the Medicare rate for the same service. See Table III for 500% of the federal poverty level. The law took effect on February 4, 2009. It required the New Jersey Department of Health and Senior Services to create a sliding scale based on income to establish what percentage of the Medicare rate a hospital may charge. As of September 2010, the sliding scale has not been published.

**Table III. Income Requirements for Sliding-Scale Eligibility
(Less than or equal to 500% of the federal poverty guidelines,
using 2010 guidelines)**

Family Size	Maximum Yearly Income
1	\$54,150
2	\$72,850
3	\$91,550
4	\$110,250
5	\$128,950
6	\$147,650
7	\$166,350
8	\$185,050
(A pregnant woman is counted as two family members. For families with more than eight members, add \$18,700 for each additional family member.)	

What counts as “income?”

Here are some examples of income that you may have received that you will have to show as part of your total income:

- Salary (gross wages before taxes)
- Public assistance (cash assistance)

- Social Security benefits
- Unemployment benefits and worker's compensation
- Veteran's benefits
- Alimony and child support
- Pension payments
- Insurance and annuity payments
- Dividends and interest
- Net rental and business income (after expenses)
- All other types of cash support and income, including scholarships, grants, and royalties.

How is my yearly income calculated?

For Charity Care, your annual or yearly income means your gross income for the 12 months before your hospital service. If your income was not the same each of those 12 months, Charity Care lets you calculate your yearly (annual) income using three different methods. Charity Care requires the hospital to use the method that results in the lowest income for you. It is helpful for you to try to calculate your income each of these ways before you apply for Charity Care so that you will know which method is best for you.

Here are the three ways to figure out your yearly gross income for Charity Care:

1. Show your family's actual gross income for the 12 months right before the hospital service. Get your pay stubs or ask your employer for a statement of the total amount of money (before taxes) you were paid during those 12 months. If you were on unemployment, ask for a statement from the unemployment office. Get statements or documents from each source of income to show what you received.

12 MONTHS' TOTAL = _____.

2. Use your family's gross income for the three months immediately before your hospital service. Multiply that amount by 4.

$$\mathbf{3 \text{ MONTHS' TOTAL} = \underline{\hspace{2cm}} \times 4 = \underline{\hspace{2cm}}.}$$

3. Use your family's gross income for the one month before your hospital service. Multiply that amount by 12.

$$\mathbf{1 \text{ MONTH'S TOTAL} = \underline{\hspace{2cm}} \times 12 = \underline{\hspace{2cm}}.}$$

Figure out your family's yearly gross income using each of these three ways. Remember, the hospital has to use the lowest of the three ways to decide if you are eligible for Charity Care. If you can, when you apply for Charity Care, take with you all of the documents that prove what your income was for each of these periods. If your income is below the amounts in Table I (and you do not have more assets than allowed), you will get free care. If your income is higher than Table I but lower than the limits in Table II, you will have part of your bill paid for by Charity Care.

How is the family size determined?

If you are an adult, your family size includes you, your spouse, any minor children you or your spouse support, and any adults for whom you are legally responsible. If the applicant is a minor (under 18 years old), the family size includes both parents (or a parent's spouse), minor siblings, and any adults in the family for whom the parents are legally responsible. A pregnant woman counts as two family members. The hospital is not permitted to count a parent or spouse in your family size if that person has abandoned you, or if you are separated or divorced and your ex-spouse is not supporting you.

How will I have to prove my income?

The following are examples of the types of documents that can be used to prove your income:

- Federal or state income tax returns
- Paycheck stubs
- W-2 forms
- A letter from your employer on company letterhead stating your income
- A statement of your income from any government agency that provides you with benefits.

If you are receiving Social Security benefits, you may show your annual statement from the Social Security Administration, a copy of your Social Security check, or your bank statements from the three months before the hospital service that show the direct deposit of your check.

If you are unable to provide these or other similar proofs of your income, you must explain why and you may be able instead to sign a paper attesting to what your income was for 12 months, three months, or one month before you received hospital service.

Is there a limit on how much money I can have in the bank?

Yes. As of the date of your hospital service, a single person is not allowed to have assets that are worth more than \$7,500. A family is not allowed to have assets worth more than \$15,000. But if you or your family have assets that are worth more than the asset limit on the date of the hospital service, you may “spend down” your assets by paying toward your medical expenses until you reach the asset limit for Charity Care. Then, depending upon your income, you will be eligible for free or reduced-cost care.

What are assets?

Assets are cash or items that can be readily turned into cash. Examples of countable assets are savings and checking accounts, certificates of deposit, stocks and bonds, Individual Retirement Accounts (IRAs), trust funds, and equity in any

real estate that is not the residence that you and your family live in.

Can I apply for Charity Care if I own a house?

Yes. The hospital will not count the house you live in, your car, or your furniture as assets. But the hospital will look at any real estate you own that is not your home. This could be rental property, a vacation home, a store, or property that you inherited but you do not live in. If the value of any of these assets is higher than the asset limit, you may not be eligible for Charity Care. You would have to try to sell the property to pay some of your medical expenses.

I was admitted to the hospital through the emergency room. Can I still get Charity Care?

Yes. No matter how you were admitted to the hospital, you will get free or reduced-cost care if you are eligible for Charity Care. But the way the hospital decides whether or not you are eligible for Charity Care is different if you were admitted to the hospital through the emergency room.

If you were admitted to the hospital through the emergency room, the hospital should try to find out if you have any health insurance or if you are eligible for Medicaid or NJ FamilyCare before you leave the hospital. The hospital should also help you to complete a form with information about where you live, where you work, whether you intend to stay in New Jersey, how much income you make each year, and how much money you may have in a bank account.

The hospital will ask you to sign this form and give permission for the hospital to contact any person or place that you listed on the form to confirm that the information you gave is true. The hospital will then check your address by phone or by a visit. The hospital may contact your employer to check your income. The hospital may also talk with your bank to verify your account balance. If your employer

refuses to tell the hospital your income and/or the bank refuses to tell the hospital the amount you have in the bank, the hospital will accept the income estimate and the asset total you gave them. The hospital will assume that you are a family of one person and it will compare your income and assets (if you have any) with Table I and Table II to decide whether you are eligible for Charity Care. If you have a family, you should provide the hospital with proof of who is in your household so that the hospital compares your income and assets with the highest possible limit allowed for you.

If you are admitted to the hospital through the emergency room and you cannot supply the hospital with the information they need before you are discharged, the hospital must make at least two tries to contact you by phone at your home to arrange to meet with you in person. If the hospital cannot contact you by phone, someone from the hospital may come to your home. If they cannot meet with you, someone from the hospital can speak with your neighbors to ask if you live there and where you work.

If you are approved for Charity Care after being admitted to the hospital through the emergency room, and you are transferred to another hospital, the second hospital may accept your Charity Care approval from the first hospital. However, if you are admitted to the hospital again in the future, the approval for Charity Care you received through the emergency room will not automatically cover the future bills. You will have to apply for Charity Care again.

Will the hospital ask me for identification when I apply?

Yes. The hospital will ask you for one of the following forms of identification when you apply for Charity Care: driver's license, Social Security card, alien registry card, birth or baptismal certificate, pay stub, passport or visa, death certificate (if the person for whom you are applying is now deceased), employee identification or, if you are homeless, a signed

statement that you do not have any of the above identification.

The hospital will ask you for a document that has your name and address on it, such as a driver's license, a voter registration card, a union membership card, an insurance or welfare plan identification, a student identification card, a utility bill, a federal or state income tax form, or an unemployment benefits statement. If you do not have any of these documents, you can bring a piece of mail that was addressed and delivered to you or a signed statement from someone saying who you are and where you live; or you can sign a statement yourself simply giving your name and saying who you are, without giving any address if you do not have one.

The hospital is supposed to try to get the following information: your name, mailing address, home telephone number, date of birth and, if applicable, where you work, what kind of work you do, and your employer's address and telephone number. If you think that the hospital is being unreasonable and demanding to see documents that have nothing to do with your eligibility for Charity Care, you can call the Department of Health and Senior Services at their toll-free numbers, 1-866-588-5696 or 1-800-367-6543. Ask to speak to someone who represents the New Jersey Hospital Care Payment Assistance Program (Charity Care). You may also e-mail them at *Charity.Care@doh.state.nj.us* or fill out a form on their Web site at *www.state.nj.us/health/charitycare/contact.shtml*. They will answer your questions and talk to the hospital if they believe the hospital is not acting correctly. Also, talk to a lawyer if you think you need to do so.

Do I have to be a New Jersey resident to get Charity Care?

Except in very limited situations, you have to be a resident of New Jersey to be eligible for Charity Care. You must have been living in New Jersey, with the intent to stay in New

Jersey, since the date of the service. This means that you cannot be a resident of another state or country. (There are exceptions to this requirement for emergencies.)

How do I prove that I am a New Jersey resident?

You may prove you are a resident of New Jersey by showing the hospital one or more documents that show your name and address in New Jersey. If you have no current address or have no documents that show your name and a current address in New Jersey, you can still prove that you are a resident of New Jersey and get Charity Care. All you have to do is sign a paper saying that you have been living in New Jersey since the date of your treatment, that you do not live in another state or country, and that you intend to stay in New Jersey.

If you have any of the following documents, they may be used to show your residency:

- Driver's license
- Voter registration card
- Union membership card
- Insurance or welfare identification card
- Student identification card
- Utility bill
- Federal or state income tax form
- Unemployment benefits statement.

If you are homeless, you may sign a paper saying that you are homeless. There are also other documents that you can provide to show that you are a New Jersey resident.

Your documents must also show a date so that the hospital can reasonably decide that you have lived in New Jersey since the date of your treatment, that you do not live in another state or country, and that you intend to stay in New Jersey.

Can I get Charity Care if I am a migrant worker and I do not intend to stay in New Jersey?

Yes. If you are within the income and asset limits, you can satisfy the residency requirement by showing that you were residing in New Jersey when you received the medical service.

What if someone from outside New Jersey gets sick while visiting me? Can that person get free care, too?

People who live in another state or another country are generally not eligible for Charity Care. But a person who has a serious medical emergency that needs immediate hospital attention may apply for Charity Care. The medical emergency has to be so serious that delaying treatment would cause a serious risk to life or health.

New Jersey hospitals cannot turn away anyone who needs emergency treatment, no matter where they live or whether or not they have insurance.

Does Charity Care cover everything?

Charity Care covers hospital care, but there is some question about exactly what “hospital care” includes. For example, some doctors who performed services for you in the hospital will send you a bill even though you have been approved for Charity Care. If you have been approved by Charity Care and still receive a bill for medical services, you should talk to a lawyer.

Will the hospital check to see if I have any insurance or if I am eligible for Medicaid?

Yes. The hospital must check to see if you have any health insurance coverage. If you do have health insurance, you may still be eligible for Charity Care to pay the medical bills your insurance will not cover. However, you must do everything necessary to collect your health insurance benefits before you

can get Charity Care. If you fail to get necessary referrals, pre-approvals, or authorizations, or fail to give your insurance information to the hospital, you may not get Charity Care.

The hospital also must decide if you are eligible for any other medical assistance program before they can approve you for Charity Care. If the hospital thinks that you may be eligible for Medicaid or NJ FamilyCare, the hospital will require you to apply for these programs before applying for Charity Care. Medicaid and NJ FamilyCare are programs that pay for medically necessary services, in or out of a hospital, for low-income people who are eligible for the program. Medicaid will also pay your unpaid medical bills for three months before your Medicaid application date if you were eligible for Medicaid during those three months. If you do not apply for Medicaid within three months of your hospital service, Charity Care may bill you for that service.

If you apply for Medicaid or any other medical assistance program, and the hospital has not received a response from that program within seven months of your application, the hospital must pay your hospital bills if you are eligible for Charity Care.

The hospital cannot bill you for the services you received if the hospital has not given you, within three months of the date of your service, the written information about how to apply for Charity Care and other medical assistance programs.

The hospital told me to apply for Medicaid, but I know I don't qualify for it. What should I do?

If the hospital requires you to apply for Medicaid before applying for Charity Care, you should do so even if you think you are not eligible for Medicaid. The hospital will give you the address of the office where you may apply for Medicaid, which is usually your local county Board of Social Services.

If Medicaid rejects you, get a written denial and take it to the hospital to apply for Charity Care again.

If the only reason you do not qualify for Medicaid is that you are an undocumented alien or you are in the U.S. temporarily (for example, if you are here as a student, a tourist, or a worker), and you need emergency care at a hospital, you are eligible for Emergency Medical Services for Aliens. Your medical condition must be so severe that it puts your health at serious risk if you do not get immediate treatment. Labor and delivery is considered an emergency and will be paid for by Emergency Medical Services.

I have insurance, but it only covered part of my bill. Can I still ask for Charity Care?

Yes. If you think your insurance only covers part of your bill, apply for Charity Care right away. If you have Medicare, you should also apply for Charity Care because it may pay for your deductible and co-payment. If you are eligible for Charity Care, it may pay for the medical charges that Medicare or your health insurance does not cover.

Is there a time limit for applying for Charity Care?

Yes. If you do not apply on time, you could lose your right to Charity Care. You may apply for Charity Care within 30 days before your scheduled procedure or up to one year after the date of your service. The hospital can decide to give you Charity Care up to two years after your treatment, but it does not have to do so. Therefore, you should apply for Charity Care as soon as possible and make sure that your application includes all of the information the hospital needs. If the hospital says that you have not given enough information with your application, you must give them the information they require within a year of your hospital service. If you think that you have already given the hospital the necessary information, or if you think that the hospital is being

unreasonable, you may contact the Department of Health and Senior Services (see below) or a lawyer.

How long do I have to wait to know if I am eligible for Charity Care?

Once your application is complete, the hospital must decide if you are eligible for Charity Care as soon as possible, but no later than 10 working days after you file. If your application is not complete, the hospital must notify you that they need more information within 10 days after you give them your application. You have to give them the information within a year of the date of your service.

When you are granted Charity Care, the hospital will give you a letter telling you what charges will be covered and for how long. If you are denied Charity Care, the hospital must tell you why you have been denied. There is no right to appeal this denial. But if you were denied Charity Care and you think you should be eligible, you should contact the Department of Health and Senior Services, New Jersey Hospital Care Payment Assistance Program (Charity Care), at their toll-free numbers, 1-866-588-5696 or 1-800-367-6543, or write to them at:

New Jersey Hospital Care Payment Assistance Program
State of New Jersey
Department of Health and Senior Services
P.O. Box 360
Trenton, New Jersey 08625

You may also e-mail them at *Charity.Care@doh.state.nj.us* or fill out a form on their Web site at *www.state.nj.us/health/charitycare/contact.shtml*.

Save copies of your letters and any mail that you get from Charity Care for at least six years in case a question comes up later about your eligibility for Charity Care.

You may also contact your regional Legal Services office (see the inside front cover) or Legal Services of New Jersey's Health Care Access Project® at 1-888-LSNJ-LAW (1-888-576-5529).

I was approved for Charity Care at my hospital two months ago, and now I have to go back to the hospital. Do I have to apply for Charity Care again?

If your income and assets have not changed, you should still be eligible for Charity Care. But if you are now going to another hospital, you must take your Charity Care approval to the second hospital. The second hospital will usually approve your application for Charity Care based on the approval you received from the first hospital, but it does not have to do so. If you were granted Charity Care more than a year ago, the hospital will require you to apply again for Charity Care so that they may make a new decision about your eligibility.

I have a bill that is more than a year old, but I did not ask for Charity Care because I did not know about it. Is there anything I can do now?

The hospital must accept applications up to one year after service. After a year, they do not have to accept your application, but they can accept it for up to two years after you received services, so it is worth asking. The hospital has the responsibility to give you written information about the Charity Care program no later than when you receive your first bill for services.

If the hospital knows that you do not understand the information because you do not speak English or because you have a disability, such as blindness, the hospital must find another way to inform you about the Charity Care program. If it was the hospital's fault that you did not know about the Charity Care program or you were unable to apply on time, the hospital can accept your application if it is more than a

year after you received their service. If the hospital refuses your application, speak to a lawyer, because a judge may require the hospital to take your application if it did not properly notify you about the Charity Care program.

I was turned down when I applied for Charity Care, but now my income is lower. May I apply again?

Yes, you may apply again for Charity Care if your income or assets are lower than when you were denied. You will probably not be approved for the bill that was denied, because Charity Care is based on your yearly income and assets at the time you received the hospital service. If you go to the hospital again, and your income is lower now, you may apply for Charity Care for the new bill.

Do I have to stay in the hospital to get Charity Care?

No. The Charity Care program will pay for medically necessary services to patients who stay in the hospital (inpatient) and for hospital visits (outpatient).

Do I have to go to certain hospitals to get Charity Care?

All of the hospitals in New Jersey that give general care have Charity Care. You must apply at the hospital where you received the service. You apply in the admissions department or the business office of the hospital.

Private hospitals that give specialized services do not have Charity Care. Also, hospitals run by the state (for example, mental institutions) or the federal government (for example, Veterans Administration hospitals) do not have Charity Care.

Will I be sued if I don't pay my hospital bill? What can I do if I get sued?


If you get sued for your hospital bill, consult an attorney immediately. If you cannot afford an attorney, call the Legal

Services office nearest you to see if you qualify for their services. (See the inside front cover for a list of programs.)

Once you are sued (receive a summons and complaint), you will have to respond in a short time and you will have to go to court. If you do not go to court, the hospital will get a judgment against you for the bill. It is very important to act quickly. If the hospital did not give you Charity Care and you were eligible for it, you may win the lawsuit.

If I am eligible for Charity Care, does that mean that I do not need health insurance?

Even though New Jersey has a Charity Care program, health insurance is still important. First, you should find out if you are eligible for public health benefits, such as Medicaid or NJ FamilyCare. These programs pay for most of your necessary medical care, including most of the services that Charity Care will not cover. If you are not eligible for any of these programs and you are not offered health insurance coverage that you can afford through your job, you should still try to find health insurance that you can afford.

Charity Care may not cover all of the medical services that you receive, even in a hospital. Charity Care also does not pay for outpatient medicines and other items that many insurance plans cover. Even if you have health insurance that does not cover all of the medical care that you need, you can still apply for Charity Care to pay the balance. But Charity Care does not take the place of health insurance. 

Facts You Should Know About Charity Care

- ☑ No hospital in New Jersey may deny admission or appropriate care to a patient because the patient does not have insurance or cannot pay the bill.
- ☑ You should apply for Charity Care as soon as you can to avoid possible time limits.
- ☑ You may still be eligible for Charity Care if you own your home.
- ☑ You may still be eligible for Charity Care if you have Medicare or health insurance. If you are eligible, Charity Care will pay for the unpaid part of your bill.
- ☑ You do not have to be a citizen or have a green card to be eligible for Charity Care.

New Jersey Legal Services Programs

State Coordinating Program Legal Services of New Jersey

P.O. Box 1357

Edison, NJ 08818-1357

732-572-9100

LSNJ-LAW™ toll-free statewide legal hotline:

1-888-LSNJ-LAW (1-888-576-5529)

www.LSNJ.org

www.LSNJLAW.org

Local Legal Services Programs

Central Jersey Legal Services

Mercer County	609-695-6249
Middlesex County—New Brunswick	732-249-7600
Middlesex County—Perth Amboy	732-324-1613
Union County	908-354-4340

Legal Services of Northwest Jersey

Hunterdon County	908-782-7979
Morris County	973-285-6911
Somerset County	908-231-0840
Sussex County	973-383-7400
Warren County	908-475-2010

Essex-Newark Legal Services 973-624-4500

Northeast New Jersey Legal Services

Bergen County	201-487-2166
Hudson County	201-792-6363
Passaic County	973-523-2900

Ocean-Monmouth Legal Services

Monmouth County	732-866-0020
Ocean County	732-341-2727

South Jersey Legal Services

Atlantic County	609-348-4200
Burlington County	609-261-1088
Camden County	856-964-2010
Centralized intake number	1-800-496-4570
Cumberland County Workers Rights Project	856-691-0494
Gloucester County	856-848-5360
Salem County	856-678-6492