



## **Children's Specialized Hospital Benefit Fund Policy - Plain Language Summary**

Children's Specialized Hospital's Benefit Fund (CSHBF) exists to provide eligible patients with partially or fully-discounted medically necessary healthcare services provided by Children's Specialized Hospital (CSH) or any substantially related entity (as defined by the IRS). Patients seeking financial assistance must apply for the program, which is summarized herein.

**Eligible Services** - Medically necessary healthcare services provided by CSH and billed by CSH. The CSHBF only applies to services billed by CSH. Other services which are separately billed by other providers, such as physicians not employed by CSH or laboratories, are not eligible under the CSH Benefit Fund.

**Eligible Patients** - Patients receiving eligible services who submit a complete CSH Benefit Fund application (including related documentation or information) and who are determined eligible for financial assistance by CSH.

**How to Apply** – CSH Benefit Fund and related application forms may be obtained/completed/submitted as follows:

- In person at any CSH registration desk/lobby.
- Request an application be mailed, by calling CSH's Payer Services/ Insurance Verification and Authorization team (IV&A) at 908-233-3720 ext. 5193, Monday – Friday from 9:00AM – 5:00PM.
- Request an application by mail by writing to Children's Specialized Hospital IV&A Department at 379 Campus Drive / 4<sup>th</sup> Floor / Somerset, NJ 08873
- Request an application by emailing [CSHBenefitFund@childrens-specialized.org](mailto:CSHBenefitFund@childrens-specialized.org)
- Download the documents from the My Children's Specialized Patient & Family Portal ([my.childrens-specialized.org](http://my.childrens-specialized.org)).
- Download the application from the CSH website: <https://www.childrens-specialized.org>.

Completed applications (with all documentation/information specified in the application instructions) should be returned to CSH: (1) in person at any CSH location's Registration Desk, (2) faxed to 908-389-5697, (3) emailed to [cshbenefitfund@childrens-specialized.org](mailto:cshbenefitfund@childrens-specialized.org) or (4) mailed to: Children's Specialized Hospital, Attention: Payer Services, Insurance Verification and Authorization team at 379 Campus Drive / 4<sup>th</sup> Floor / Somerset, NJ 08873.

**Determination of CSH Benefit Fund Eligibility** - Generally, patients are eligible for financial assistance, using a sliding scale, when their Family Income is below 500% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that eligible person(s) will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons. AGB is defined in IRC Section 501(r) (5) by the Internal Revenue Service. Financial assistance levels, based solely on Family Income and FPG are:

- Family Income up to 400% of FPG (full financial assistance); \$0 is billable to the patient.
- Family Income at 401 to 499% of FPG (partial financial assistance); AGB is maximum billable to the patient.

CSH has adopted the Medicaid look back method for purposes of determining the AGB. Families may readily obtain percentage(s) and the accompanying description in writing and free of charge upon request. Request can be made via the above contact information.