

Lahey Hospital & Medical Center and Lahey Medical Center, Peabody (collectively, “LHMC”), each a non-profit acute care hospital, were established to serve the needs of the residents of Massachusetts and surrounding areas. The hospitals are committed to providing medical services to patients regardless of their ability to pay. LHMC recognizes that not all patients have the financial resources to pay their hospital bill. This Plain Language Summary provides basic information about our financial assistance policy.

LHMC Financial Assistance Policy

Our financial counseling staff will assist individuals in applying for eligible government health insurance programs and completing the financial assistance application, free of charge. The Financial Assistance Program offers emergency and other eligible medically necessary services at no cost to qualified patients. Whether patients are uninsured or underinsured; they can apply for financial assistance. Upon approval, patients may receive the following assistance with respect to any patient responsible balance for eligible medical services:

Charity Care

Federal Poverty Level	Amount of Assistance
At or below 400%	100%

Medical Hardship

A 100% discount for patients whose medical bills are greater than or equal to 25% of their gross family income.

IMPORTANT: Out-of-network copays, coinsurance and deductibles are not eligible for financial assistance. In no case will a patient eligible for financial assistance be charged more than the amounts generally billed to patients with insurance.

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:

- <https://www.lahey.org/lhmc/your-visit/insurance-billing-records/financial-counseling-assistance/>
- Visit our Financial Counseling Office located at:
 Lahey Hospital & Medical Center
 Main Lobby
 41 Mall Road
 Burlington MA, 01803
- Request copies to be mailed or sent electronically by calling (781) 744-8815 (you may also call this number to request assistance with the application process)

The Financial Assistance Policy, Application and Plain Language Summary Are Available in Multiple Languages

Financial Assistance Policies, Applications and Plain Language Summaries are available in the following languages:

French	Haitian Creole	Italian
Portuguese	Greek	Russian
Armenian	Hindi	Gujarati
Panjabi	Simplified Chinese	Traditional Chinese
Spanish	Japanese	Korean
Mon-Khmer, Cambodian	Vietnamese	Arabic
English		

Coverage under the Financial Assistance Policy

Patients must have applied for government health insurance programs within 6 months of applying for financial assistance to be eligible for assistance from LHMC. 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

Return your completed application to:
 Financial Counseling Office
 41 Mall Road
 Burlington MA, 01803

If approved, financial assistance will apply to:

- Anna Jaques Hospital
- Addison Gilbert Hospital
- BayRidge Hospital
- Beth Israel Deaconess Medical Center
- Beth Israel Deaconess Hospital-Milton
- Beth Israel Deaconess Hospital-Needham
- Beth Israel Deaconess Hospital-Plymouth
- Beverly Hospital
- Lahey Hospital & Medical Center
- Lahey Medical Center, Peabody
- Mount Auburn Hospital
- New England Baptist Hospital
- Winchester Hospital

Note: Certain physicians are not covered under the LHMC Financial Assistance Policy. Please visit our website or contact us at (781) 744-8815.