

Receive in-person
assistance by going to:

Valley Regional Hospital

Main Entrance Lobby
243 Elm Street
Claremont, NH 03743

Call one of our patient
advocates at:

(603) 543-6940

Please send completed
applications to:

VRH Billing Department

Attn: Financial Assistance Rep.
243 Elm Street
Claremont, NH 03743



243 Elm Street, Claremont, NH 03743

(603) 542-7771 | VRH.org

<https://vrh.org/patients-visitors/patient-billing/>



Financial Assistance



Do you need assistance to pay your bill for emergency or medically necessary care at Valley Regional Hospital?

You may be eligible for financial assistance.

Valley Regional offers free or discounted assistance for emergency or other medically necessary services provided to patients who qualify. Patients who are determined eligible for financial assistance may not be charged more for emergency or other medically necessary care than amounts generally billed to patients covered by insurance for the same care.

Financial Policy

Valley Regional provides care for emergency medical conditions and medically necessary services to individuals regardless of their ability to pay, eligibility for financial or government assistance, age, gender, race, immigration status, sexual orientation or religious affiliation. We provide financial assistance to persons who (i) are residents of New Hampshire or Vermont, or non-residents who experience a medical emergency while in the area; do not have insurance or who have health insurance but need financial assistance to help cover out-of-pocket medical expenses such as deductibles, co-pays and co-insurance; are ineligible for any government healthcare benefit program; and meet financial eligibility criteria as described in our Financial Assistance Policy. Local conditions or exclusions may apply as further described in our Financial Assistance Policy. Patients are

expected to cooperate with the procedures for obtaining financial assistance or accessing other sources of payment, and to contribute to the cost of their care based on their ability to pay. Individuals who can purchase health insurance are expected to do so, to ensure access to healthcare services that benefit their overall health as well as provide protection for their personal assets.

How and when to apply for financial assistance?

You can apply at any point during your care or the subsequent collections cycle. However, we strongly encourage applications to be completed prior to appointments. Patient representatives can assist you in identifying and applying for insurance coverage or other resources and with completing an application for financial assistance. If you have a remaining balance after exhausting all other coverage options, you may be eligible for financial assistance. An application can be requested in person, over the telephone: <https://vrh.org/patients-visitors/patient-billing/>

Discounted rate

If you do not qualify for financial assistance, and do not have a payer source, you will receive the uninsured discount. This uninsured discount is applied prior to billing the patient and applying any financial assistance adjustments. The discount is based on the "look back" method as described under applicable regulations implementing Section 501(r) of the Internal Revenue Code. Discount rates may vary by facility.

How is financial assistance determined?

The amount of financial assistance you receive is based upon your total gross income and assets compared to the federal poverty guidelines. You may qualify: If your family income is at or below 300% of the Federal Poverty Limit; issued by the U.S. Department of Health and Human Services and updated on a yearly basis; or If you believe that your assets, liquid assets and other available resources are not enough to cover the cost of your care. At your request, a financial application form or a copy of the Financial Assistance Policy will be mailed to you at no charge. Also, these documents and this summary are available on our website, at <https://vrh.org/patientsvisitors/patient-billing/>

If Valley denies partial or total financial assistance then the patient can appeal the decision within 30 days. The patient must write a letter to the Director of Revenue Cycle to explain why the decision made by Valley was inappropriate. The appeal letter will be reviewed and a final decision will be sent to the patient within 30 days of receipt of the request for appeal.

Upon applicant's request Valley Regional will share their application and supporting documentation with any hospital that the applicant requests.

These documents are also available in other languages, please reach out to our patient representatives: (603) 543 - 6940