

Dear Byram Customer:

At Byram Healthcare, we understand that the costs associated with managing a long term healthcare condition can be overwhelming, particularly in times of economic uncertainty and high unemployment. Managing healthcare costs can create a genuine hardship for many. For this reason, Byram Healthcare offers to those customers that qualify, a Financial Hardship Assistance Program (FHP) that can help ease some of your costs.

The program criteria requirements are outlined on the Financial Hardship Guideline ([attachment A](#)). Send your completed Byram Healthcare Hardship Application ([attachment B](#)) below to:

Byram Healthcare; Attn: Financial Hardship Coordinator; 3010 Woodcreek Drive, Downers Grove, IL 60515

Your application along with the required supporting documentation referenced on the Financial Hardship Guideline ([attachment A](#)) will be reviewed, processed and you should receive a decision in writing in about 4 to 8 weeks from receipt of your submission.

Proof of application to Medicaid / State Welfare Program is necessary PRIOR to completing Byram Healthcare's Financial Hardship application

Applications without supporting documentation cannot be processed and will be deemed incomplete and will not be considered for financial assistance

Possible Reasons for Denial:

- Income level or assets exceed the Financial Hardship Program parameters.
- Application submitted without income or asset information documentation.
- Insufficient documentation – No proof of income or medical expenses accompanying application.
- Non-insurance – You must have primary insurance in order to apply for Byram Healthcare's the Financial Hardship Program. Additionally, consideration for financial assistance will only cover allowable co-pays and/or the co-insurance portion of the patient portion due, and will be dependent upon the type of insurance coverage.
- The Byram Healthcare Hardship Program does not apply to non-covered items. Any patient balance resulting from Byram provided insulin pump supplies, erectile dysfunction supplies, oral enteral supplies or breast pumps are excluded from the Financial Hardship Program.
- Financial Hardship assistance will only be provided for patients with "allowable" covered items along with those that do not include "overages". Based on current guidelines, "overages" are the responsibility of the patient.

If you are denied financial assistance through Byram Healthcare's Hardship Program, you can appeal the decision. However Byram Healthcare will only review an appeal two times before requesting you to re-apply after six months.

NOTE: *if you rely on someone else for your care, housing and other living expenses, then the individual that is assisting you is assuming financial responsibility for your care and would need to complete the Byram application*

If you have any questions regarding either our Financial Hardship Policy or Application process, contact our Billing Liaison department at the number below and mention you have a question about Byram Healthcare's Financial Hardship Program.

Byram Healthcare

1-877-902-9726 Ext. 33967

Complete and return the Financial Hardship Application to Byram Healthcare:

Byram Healthcare
Attn: Financial Hardship Coordinator
3010 Woodcreek Drive; Suite A
Downers Grove, IL 60515

Documents you **MUST** provide:

- Completed Byram Financial Hardship Application – **Attachment B**
- Proof of application for state or other welfare assistance programs
- Proof of hardship including **ALL** of the following:
 - Prior 2 years of Federal 1040 Tax Forms (*and corresponding schedules*)
 - Most recent 2 months of Pay Stubs and/or other source of income (*social security income (SSI); unemployment; child support; alimony; etc.*) showing pre and post deductions
 - Most recent 2 months of Bank Statements (*include Link accounts; All pages*)
 - Most recent 2 months of statements from any other Asset Accounts (*i.e. Retirement funds (401K, 403b, 503b, IRA, etc.); insurance policies; investments; life insurance distribution; legal settlement funds; etc.*)
 - Copies of medical bills

Insured, Under-insured, and Un-insured Customers

- Customers are required to apply for Federal and/or State government program assistance if they are un-insured. (<https://www.healthcare.gov/get-coverage>)
- Payment denials or benefit summaries from primary insurance must be received by the applicant as well as denial by other secondary insurance **BEFORE** being considered eligible for Byram Healthcare's Financial Hardship Program.
- Benefit summary denials due to lack of customer cooperation will not be considered.
- Insured customers with annual income of 137% or less of the Federal Poverty Guidelines will be considered for the Financial Hardship Program.

Co-Insurance

- All customers are required to make a financial contribution towards their bill. Customers are subject to co-payment and/or cost share the amount based on their income level and the Federal Poverty Guideline matrix (Attachment C).

Eligibility

- Financial Hardship assistance can only be approved for either a six (6) month period or for one (1) year and is based upon the applicant's eligibility and information submitted in the Financial Hardship Application.
- Customers applying for financial assistance due to unemployment will, if eligible, be granted assistance for a period not to exceed 6 months. Re-application to the Byram Healthcare Financial Hardship Program will be necessary for continued financial assistance. This does not apply to those who are unemployed based upon permanent disability.
- All information presented on the application may be verified through credit bureaus prior to any decisions Byram Healthcare may make regarding an applicant's qualification for the Financial Hardship Program.

Byram Healthcare reserves the right to modify the customer Financial Hardship Program at any time and may change or discontinue any assistance at any time without notice.

2016 Federal Poverty Guidelines

The following guideline figures represent annual income

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family / household	Poverty guideline
For families/households with more than 8 persons, add \$4,160 for each additional person	
Number of People	Amount in Dollars
1	\$ 11,880
2	\$ 16,020
3	\$ 20,160
4	\$ 24,300
5	\$ 28,440
6	\$ 32,580
7	\$ 36,730
8	\$ 40,890
2016 Poverty Guidelines for Alaska	
Persons in family / household	Poverty guideline
For families/households with more than 8 persons, add \$5,200 for each additional person	
Number of People	Amount in Dollars
1	\$ 14,840
2	\$ 20,020
3	\$ 25,200
4	\$ 30,380
5	\$ 35,560
6	\$ 40,720
7	\$ 45,920
8	\$ 51,120
2016 Poverty Guidelines for Hawaii	
Persons in family / household	Poverty guideline
For families/households with more than 8 persons, add \$4,780 for each additional person	
Number of People	Amount in Dollars
1	\$ 13,670
2	\$ 18,430
3	\$ 23,190
4	\$ 27,950
5	\$ 32,710
6	\$ 37,470
7	\$ 42,230
8	\$ 47,010

All above figures are the 2016 HHS poverty guidelines which were published in the *Federal Register* on January 25, 2016.