

Patient Financial Assistance Policy

Plain Language Summary

As part of Nicklaus Children's mission to provide compassionate, accessible, high-quality, cost-effective healthcare to the community, we recognize some patients and families may need financial assistance to help with the cost of health care services. Therefore, Nicklaus Children's offers patient financial assistance to ensure access to high-quality health care for all.

Eligibility and Assistance Offered

Patients who are denied Medicaid coverage, or who are screened and do not meet the Medicaid guidelines, will be considered for the Nicklaus Children's Patient Financial Assistance program. Patients to apply for assistance may submit an application and the supporting documentation to a Nicklaus Children's patient financial services representative or send to the address on the application.

The Federal Poverty Guidelines are updated yearly and are used to determine eligibility for Patient Financial Assistance. Patients will be asked to provide verification of household income along with the names of people residing in the household during the application process. This information is used to identify where the household falls within the Federal Poverty Level Guidelines (FPL). The FPL category will determine the amount you will pay toward your medical bill. For patients above 400% of the FPL, the uninsured rate applies. The uninsured rate is 50% of the amounts generally billed and is applied when an initial payment is made.

Applying for Patient Financial Assistance

Copies of the entire Patient Financial Assistance Policy and application may be obtained at no cost by emailing us at nicklauscustomerservice@ensemblehp.com or by calling 860-963-6337

Patients may request consideration for financial assistance within the proceeding 240 days from the first patient statement.

Should you need help with applying, you may contact us by email at nicklauscustomerservice@ensemblehp.com or call 888-538-3036.