



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

The FHP in no way provides a waiver of routine co-insurance, deductible or co-payment and any assistance that is granted is done so only when true financial need has been sufficiently demonstrated. The program is administered by Byram without consideration to the applicant's age, sex, race, religion, sexual orientation or any other attributes other than financial need. Byram Healthcare's Financial Hardship Program complies with all state and federal regulations. In some cases, financial assistance may not be available to some applicants because certain insurance companies do not allow hardship provisions. Patients covered by insurance plans that utilize "means testing" like Medicaid are ineligible for assistance. Financial Hardship assistance does not apply to non-covered items. Financial Hardship cannot be applied to commercial deductibles or Medicaid spenddowns. Assistance is limited to a maximum of 12 months or less and it is the patient's responsibility to re-apply annually. Byram Healthcare reserves the right to modify or discontinue the provisions of the program at any time without notice.

**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.*



Financial Hardship Assistance Application

This application WILL NOT be processed without supporting documentation

Today's date: \_\_\_\_\_

Byram Account No.: \_\_\_\_\_

Applicant Name: Last First MI
Address: Street Apt.
City State Zip
Primary Phone:
Alt. Phone:
Email:

Guarantor: (if different) Last First
Address: Street Apt.
City State Zip
Phone:
E-mail:

Applicant Social Security # / /
Applicant Date of Birth / /
month date year

Provide information about each adult member living within the household. Circle appropriate selection.

Applicant Unemployed Employed Disabled Retired
circle one
Employer:
Address (City/State/ Zip):
Years with Employer:
Medical/Rx Insurance through employer? Y N
Annual Income:
401K/IRA Balance:
Other Investments:
Saving/Checking:

Spouse Unemployed Employed Disabled Retired
circle one
Employer:
Address (City/State/ Zip):
Years with Employer:
Medical/Rx Insurance through employer? Y N
Annual Income:
401K/IRA Balance:
Other Investments:
Saving/Checking:

Other Coverage
Have you applied for Medicaid / State Aid? Y N
If yes, were you approved or denied?
Recipient ID Number
Medicaid Effective date
If unemployed, provide date employment ended
Amount monthly unemployment income
Are charitable organizations assisting with your bills? Y N
If yes- which organization(s)?

Insurance /Educational Expenses
Hlth Insurance Premium/Mo.:
Individual Deduct. Amt :
Family Deduct. Amt:
Non-covered expenses paid:
Out of Pocket Limit:
Out of Pocket Actual
Education expense per yr.

I understand that the information provided herein will be used to determine my eligibility for hardship assistance from Byram Healthcare and shall not be sold, distributed, or used in any other way or for any other purpose. I hereby attest that all information provided here is, to the best of my knowledge, accurate and complete and that any misrepresentation will result in the denial of assistance benefits and the recovery of any amounts previously adjusted. By submitting this application, I am giving Byram Healthcare consent to make necessary inquiries to verify the information provided. Further, I understand that any assistance is limited to a maximum 12 month period and must be annually renewed, and that any change in financial circumstances must be immediately reported to Byram Healthcare.

X
Signature Date

Byram Healthcare retains the right to modify or discontinue this program at any time without prior notification.

The following guideline figures represent annual income

<b>2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>	
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
<b>2016 Poverty Guidelines for Alaska</b>	
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
<b>2016 Poverty Guidelines for Hawaii</b>	
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.