Financial Assistance Policy/Plain Language Summary

Cape Cod Hospital and Falmouth Hospital Financial Assistance Policy (FAP) exists to provide eligible patients, partially or fully discounted emergent or medically necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligibility Requirements and Assistance Offered

Financial Assistance is offered to patients who are uninsured and underinsured. Partial or Full financial assistance will be granted based on a patient’s ability to pay the billed charges.

Patients must fully comply with the application process, including submitting tax returns, bank statement and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid or Medical Assistance.

How to Apply for Assistance

The patient or the person involved in the care of the patient, including family member or provider, can express financial concerns at any point during the patient’s care. The patient or responsible party will then be encouraged to complete a financial assistance application.

Financial Assistance is limited to services billed by Cape Cod Hospital and Falmouth Hospital. Other services billed by other providers, such as Physicians or laboratories, are not eligible under the FAP.

Where to obtain Copies

The Hospital Financial Assistance Policy and Application are available free of charge by calling the Financial Counselors at Cape Cod Hospital (508-862-7019) or Falmouth Hospital (508-495-7157) or by requesting a copy by mail or email. The policy and application are also available online at www.capecodhealth.org for downloading and printing. Copies of the policy and application are also available at Admissions and Emergency Department locations.

Contact for Information and Assistance

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from the Financial Counselors at Cape Cod Hospital (508-862-7019) or Falmouth Hospital (508-495-7157).

No More than Amounts Generally Billed

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.