This file does not fully comply with all applicable guidelines for accessible digital documents. For an alternative format, visit https://vtlawhelp.org/health-clinics-low-cost-health-care or call us at 1-800-917-7787.

Low-cost health care in New Hampshire

- **1.** Read about the hospitals and health clinics and their financial assistance policies.
 - If you are looking at this online: Click on the blue links to learn more.
 - If you are looking at this on paper: Call the hospital or health clinic and ask them to mail you the plain language summary of their financial assistance policy and an application.

2. Call the hospital or health clinic if you have questions.

- Example: Are you accepting new patients?
- Example: Do you think I might qualify for financial assistance? (Be ready to tell them your income and household size.)

3. Fill out an application and send it to the hospital or health clinic.

Download the application for the hospital or clinic by clicking on the **"Apply"** link. If you do not have a printer, call the hospital or clinic. Ask them to mail you a paper copy. Or call the Office of the Health Care Advocate for help at **1-800-917-7787.**

Dartmouth Health Network

Many people who live in Vermont get health services through the Dartmouth Health Network in New Hampshire. You can apply for financial help for their services.

Hospital / Clinic	Service Area	Services
Dartmouth Hitchcock Medical	★ Open to all	Hospital: primary care, specialty
<u>Center (DHMC)</u>	Vermont residents	care, laboratory services,
		emergency room, psychiatry,
Lebanon, NH		addiction treatment, and more
603-650-5000		
Alice Peck Day Memorial	★ Open to all	Hospital: primary care, specialty
<u>Hospital</u>	Vermont residents	care, laboratory services,
		emergency room, psychiatry,
Lebanon, NH		addiction treatment, and more
603-448-3121		

Eligibility

 Income: You may qualify if your income is under <u>300% of the Federal Poverty Level</u> (FPL). • **Resources:** The hospital may look at your resources if they are over a certain amount. For example: cash, money in savings and checking accounts, second homes, etc.

Information / Application

- English: Learn more and apply
- Spanish: Política de asistencia financiera y Solicitud de asistencia financiera
- Additional languages: Download the summary and application here

Questions? Contact a patient advocate at 844-647-6436