Available Insurance Programs

**Medicaid** is a program for New York State residents who cannot afford to pay for medical care. You may be eligible if you have high medical bills, you receive Supplemental Security Income (SSI) or if you meet certain income, resource, age or disability requirements. Call the Arnot Health Medicaid out-reach coordinator at 607-737-4475 for assistance.

**Child Health Plus** is a New York State health insurance plan for kids. Depending on your income, you may be eligible to join either Child Health Plus A (formerly Children’s Medicaid) or Child Health Plus B. For information call 1-800-698-4KIDS. If you are hearing impaired, call the TTY number, 1-877-898-5849.

**Family Health Plus** is a public health insurance program for adults between the ages of 19 and 64 who do not have health insurance but have incomes too high to qualify for Medicaid. It is available to single adults, couples without children and parents with limited income who are residents of New York State and are United States citizens. For information call (877) 9FH-PLUS or (877) 934-7587.

**Healthy NY** is designed to assist small business owners in providing their employees with health insurance. In addition, uninsured workers whose employers do not provide health insurance may also purchase comprehensive coverage directly through the Healthy NY program. For more information call 1-866-HEALTHY NY.

To request an application or for more information, you can contact the following offices:

- Credit and Charity Care: 607-737-7734
- Patient Registration: 607-737-4272
- Medicaid Coordinator: 607-737-4475

**Marianna Arnot-Ogden Community Care Program**

Responsive to your needs
Arnot Ogden Medical Center was founded by Marianna Arnot-Ogden in 1888. The hospital was built on the mission to serve anyone with a need and everyone with a consistent level of service. Today, we are committed to upholding that mission and as part of that responsibility we offer the Marianna Arnot-Ogden Community Care Program.

The program uses Federal Poverty guidelines in establishing a sliding scale of patient responsibility.

The Community Care Program is available to assist the uninsured and underinsured members of our community who are willing, but unable to pay in full for their care. The program allows a person to receive medically necessary and emergency services at no charge or reduced charge when they meet certain eligibility requirements. This program is not an insurance program and is not meant to replace benefits that are, or could be, received from employers and government supported programs.

Who Is Eligible?
The Marianna Arnot-Ogden Community Care program is designed for the residents in and around Elmira, NY. Patients must be U.S. citizens or non-residents being in the country for a period of at least three months. Applications will be reviewed on a case by case basis and must meet the programs requirements. Applications will be reviewed based on financial resources, employment, existing insurance or potential for Medicaid or other programs, and size of healthcare obligation. The guidelines can be found on the application or by calling the following offices:

- Credit and Charity Care: 607-737-7734
- Patient Registration: 607-737-4272
- Medicaid Coordinator: 607-737-4475

What Services are Covered?
The program is designed to cover “medically necessary”, non-elective services provided at the Arnot Ogden Medical Center. This includes emergency services, inpatient services, ambulatory surgery and routine outpatient services. Professional services such as physician bills are not covered, you must contact those offices separately.

How Do I Apply?
Applications can be submitted by patients, guarantors, guardians or Powers of Attorney. To help maintain patient confidentiality, documentation allowing the medical center to discuss an application with a third party may be required.

Each applicant must be willing to work with medical center to first apply to Medicaid, Child Health Plus, Family Health Plus, Healthy NY or other available programs.

A complete application is required to determine eligibility and modify normal billing and collection procedures. Promptly completing and submitting the application is highly encouraged. Applications can be submitted prior to services being rendered so that a patient can clearly understand their expected financial responsibility. All applications must be completed with required documentation before receiving medical services or within six months of receiving the services.

Once your application is approved, the letter of determination may cover the past six months of service and the next six months.