

If you have any questions, please call 518-262-3632

Notification of Financial Aid Program

To Our Patients:

Thank you for choosing Albany Med Health System for your healthcare needs.

We are required by the NYS Patient Financial Aid Law to provide all patients, insured or uninsured information regarding the Albany Med Health System Financial Aid Program.

Financial Assistance

The Albany Med Health System will make financial assistance available to qualified patients. The Albany Med Health System recognizes that there are times when patients in need of care will be unable to pay for health care services provided. The Albany Med Health System Financial Assistance Program (FAP) helps uninsured and underinsured patients with a gross household income up to 400% of the federal income poverty level (FPL).

Assistance is determined based on gross household income and family size utilizing a sliding scale. View the FPL scale at albanymed.org/fap.

We understand that each patient has a unique financial situation and encourage you to contact a System representative if you need assistance. Each application for assistance is handled confidentially and requires the cooperation of the patient or patient representative.

Scan the QR code for more information

