



ST. FRANCIS  
 MEDICAL CENTER  
 601 Hamilton Avenue  
 Trenton, NJ 08629  
 (609) 599-5000  
 Fax (609) 599-5692

**Dear Patient,**

This letter is to advise you that the **New Jersey Hospital Care Payment Assistance Program** pays **for hospital charges only**.

**NJHCPAP** does not pay for the following:

- ) Physician Charges (i.e. Emergency Room Physicians, Cardiologists, Radiologists, Anesthesiologists, etc.)
- ) Ambulance Services
- ) Prescription Drugs
- ) Labor & Delivery
- ) Cosmetic Surgery.
- ) Infertility Treatments
- ) Workers Compensation
- ) Therapy Outside the Hospital
- ) Durable Medical Equipment (i.e. wheelchair, crutches, etc.)

If you have physician bills, please contact the phone number listed on the bill to make other payment arrangements.

I, \_\_\_\_\_, have been informed and understand that  
 (Patient Name)

I will be responsible for physician and other fees associated with my care that are not covered by **NJHCPAP**.

I understand that the information which I submit is **subject** to verification by the appropriate health care facility and the Federal or State Governments. Willful misrepresentation of these facts will make me liable for all hospital charges and subject to civil penalties.

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date