

## Sample

**Effective Date:**

**Revised Date:**

**Scope:**

Uncompensated/Charity Care

**Purpose:**

To provide a financial assistance program to defray the cost of medically necessary services for those patients who meet the guidelines set forth in this policy.

**Policy:**

The financial assistance program has been established to defray the costs of medically necessary services for those patients who meet the guidelines set forth in this policy.

**Guidelines:**

- (Name of Hospital) will accept an application for financial assistance from any person at any time.
- All inpatient and outpatient accounts are eligible for financial assistance. An application must be completed by the patient / guarantor.
- Each application will require a signature from the applicant, or responsible party attesting to the truthfulness and accuracy of the information provided on the application. Any person found to be knowingly or willingly providing fraudulent information may have the application denied.
- Each financial assistance application will serve to determine eligibility for all uninsured or under insured household family members listed on the application.
- To qualify for the financial assistance, patients must show proof of Medicaid denial or any other type of financial sponsorship. The patient must meet the outlined financial criteria set forth in this policy.
- Proof of financial status is required before a patient or guarantor can be qualified for financial assistance. (See attached Financial Assistance Application for requirements).

- All applications must be approved by the Director of Financial Services or authorized personnel.
- A patient will be required to re-verify and to re-apply for financial assistance every 180 days.

**Procedure:**

1. Financial Counseling Procedure for Processing Financial Assistance Patients:
  - a. When a patient has brought sufficient documentation to prove financial status, financial counseling will determine their eligibility.
  - b. Eligibility is to be determined by referencing the matrix, which is based on Federal Poverty Guidelines for the current year available as issued by the Department of Health and Human Services, consideration of assets and net worth.
2. Application Processing
  - a. A financial assistance application may be completed at time of service or any time during the collection process until the account is transferred to bad debt.
  - b. In cases where the financial information is incomplete, the patient will be assigned a private pay financial class until all supporting financial documentation is submitted. The patient will then be given a fourteen-day grace period to submit all required financial documentation.
3. Approval Periods
  - a. Once signed, completed and approved the application for financial assistance has an effective date for 180 days.
4. Required Documentation
  - a. The documentation required to verify the family household's gross annual income should be for the period of 12 months prior to the date of service. All documentation will be attached to the application and filed into the patient's financial record.
    - i. Federal Income Tax Return including W-2 withholding forms.
    - ii. Pay stub or
    - iii. Forms approving or denying unemployment compensation or workers' compensation or

- iv. Written verification from Department of Human Services or any other governmental agency that can attest to the patient/responsible party's income status for the prior 12 months or
  - v. Statement verifying application for unemployment benefits, and Proof of household expenses, if required
5. Levels of Authority
- a. The (Title) may approve all completed applications that fall within the guidelines as long as there is proper supporting documentation attached and all authorized signatures have been obtained.
  - b. A list of persons certified to administer the Financial Assistance Program will be maintained by the (Title) all personnel approving applications should have been trained on the approval process
6. Approval Determination
- a. An approval determination will be made as soon as possible after a completed application and all supporting documentation has been received and reviewed. In cases where the financial information is incomplete, the patient will be assigned a private pay financial class until all supporting financial documentation is submitted. The patient will be given a fourteen-day grace period to submit all required financial documents.
  - b. Patients and / or responsible parties will be notified in the form of a written letter the determination of the application regardless of approval or denial status.

*Attached: Financial Assistance Application*