
Policy: Charity Care-Financial Relief

PURPOSE:

To provide affordable access to care to all patients

POLICY:

The intent of this Policy and related procedures is for use in circumstances in which financial relief compliant with all applicable federal, state and local laws, shall be offered to patients who are unable to pay in full for their health care services at the Surgery Center.

DEFINITIONS

1. **INCOME:** Any income whether from active or passive activities such as most current tax return, W-2, most recent paystubs, rental, social security, disability, retirement, alimony or child support, unemployment benefits, inheritance, investments, or annuity payout may be requested.
2. **FINANCIAL RELIEF GUIDELINES (GUIDELINES):** The matrix for determining a patient's liability for payment of Surgery Center's billed charges which factor in income as a percentage of federal poverty levels (FPL), as the same may be adjusted annually.

CHARITY CARE- FINANCIAL RELIEF

1. Surgery Center will provide medically necessary outpatient surgical services to patients with household Income levels at or below 100% of the Surgery Center's Guidelines free of charge, in accordance with the provisions of this Policy. Patients with household Income levels above 100% of the Surgery Center Guidelines will be liable for no more than the amount that their household Income exceeds the applicable Surgery Center Guidelines. The amount of eligible financial relief will be any remaining balance on the account less the patient's maximum liability.
2. This Policy is not applicable to physicians, or their immediate family members.
3. This Policy applies only to outpatient surgical procedures and is not applicable to professional (physician) fees.
4. This Policy applies only to those patients who cooperate fully with Surgery Center's request for information with which to verify patient's eligibility, including appropriate identification. It is the patient's responsibility to respond truthfully and completely to Surgery Center's request for information within no more than ten (10) business days of the request. In addition, patient's full

cooperation in applying for Medicaid or coverage by other governmental programs is required, if so requested.

PROCEDURE

1. ELIGIBILITY DETERMINATION:

a. Surgery Center personnel will provide patients with a copy of its Charity Care-Financial Relief Policy and an application for financial relief upon the patient's request or when a patient is identified as potentially eligible for such relief. The timing of the delivery of this Policy and application will depend upon when the request or identification is made and may be at the time of service, during the billing process, or during collection. The patient must complete the application for financial relief (available through Constitution Billing and Financial Services) and provide the requested information in order to be eligible for such relief. Surgery Center personnel will then review the application and supporting information and make a determination.

b. Surgery Center will determine whether patient's gross household Income falls within the Surgery Center Guidelines, taking into consideration family size, geographic area and other pertinent factors. In evaluating a patient's Income, Surgery Center personnel may review one or more of the following: the patient's W-2s (or the responsible party's if spouse or a minor), tax returns, pay-stubs, bank statements, written verification of wage from employer and written verification from a public welfare agency, governmental agency, or other information attesting to patient's Income status. Patient shall provide information related to possible third-party liability incidents where applicable including accident reports and copies of vehicles insurance policies. Patient shall supply all documentation reasonably necessary to verify eligibility.

c. Concern for the dignity of the individual and protection of confidentiality of information characterize the relationship between the Surgery Center and the person needing care. Financial relief under this Policy is determined solely on the ability to pay and does not consider sex, sexual orientation, race, religion, or national origin. Age is considered only to the extent that it impacts the potential resources available to the individual (Medicare, for example, uses age as an eligibility criterion). All services provided by the Center are available to individuals, provided by Guidelines under this Policy for those services determined to be medically necessary. The program does not intend to cover cosmetic surgery and certain other elective services/procedures.

3. REVIEW AND APPROVAL:

- a. Financial relief offered under this Policy is subject to review by the appropriate Surgery Center management or governing body to ensure compliance with this Policy.
- b. Once eligibility has been determined, the patient will be notified of the determination.

AAAHHC Standards/References: