

DOCUMENT NUMBER: PTAC-108	EFFECTIVE DATE: 09/05
SUBJECT: Financial Assistance Policy	REVIEWED DATE: 09/23
APPROVAL: Chief Financial Officer	REVISED DATE: 10/22, 12/23, 1/25
SCOPE: Patient Account Department, Medical Practice Clinics	

PURPOSE:

To provide a process to evaluate a patient's ability to pay for services which balances the patient's need for financial assistance with Bothwell Regional Health Center's fiscal responsibilities.

POLICY:

- A.** Bothwell Regional Health Center (the "Hospital and Physician offices") is committed to providing patients a fair and compassionate process to seek financial assistance to pay for all or part of their care.
- B.** This Policy applies to patients who have a "Self-Pay" balance.
- C.** Patients who are at or below 200 percent of the Federal Poverty Levels (FPL) are eligible to receive financial assistance under this Policy.
- D.** A sliding scale, based on the FPL, is used to determine the amount of the discount.
- E.** Patients applying for financial assistance under this Policy may apply for government-sponsored or other public assistance programs. The Hospital may assist in applying for or determining a patient's eligibility for these programs.
- F.** Eligibility criteria for financial assistance includes many factors, including but not limited to the following:
 - 1.** Individual or family income
 - a.** Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Bothwell Regional Health Center will also accept non-related household members when calculating family size.
 - 2.** Family size
 - a.** Income includes: gross wages; salaries; tips; income from business and self employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
- G.** Information and data provided by the applicant shall be verified to the extent practical.
- H.** Services not eligible for financial assistance include:
 - a.** Elective procedures that are not otherwise medically necessary including but not limited to:
 - i. Cosmetic-type services
 - ii. Fertility and infertility treatment and proceduresing (including birth control)
 - iii. Circumcision (foreskin removal)
 - iv. Hearing aides and hearing tests
 - v. Weight-loss programs (unless diabetes-related)
 - vi. CT heart score
 - vii. Sports physicals
 - viii. Bariatric services
 - ix. Lap Band services

PROCEDURE:

- A. Patients requesting financial assistance should:
 - 1. Complete and submit a financial assistance application within 240 days from the date of the first post-discharge billing statement to be considered for financial assistance.
 - 2. Complete and submit an application for financial assistance to the Financial Advisor.
 - 3. Provide a copy of one of the following documents:
 - a. Most current Federal Tax Return.
 - b. W2
 - c. Social Security Benefits
 - d. Pay Stubs
- B. Applications will be initially reviewed by a Financial Advisor. Additional information may be requested from the patient.
- C. Completed applications, with a recommendation from the Financial Advisor, will be forwarded to the Director of Patient Financial Services.
- D. The patient will be notified by mail of the results of the final determination.
- E. The approved application will be scanned to the patient's accounts.
- F. If financial assistance is provided under this Policy, any discount provided under the Self Pay Discount will be reversed.
- G. Patient applications will be reviewed on an annual basis.

REFERENCES:**ATTACHMENTS:**