

DOCUMENT NUMBER: PTAC-108	EFFECTIVE DATE: 09/05
SUBJECT: Financial Assistance Policy	REVIEWED DATE: 04-29-2023
APPROVAL: Chief Financial Officer	REVISED DATE: 10/22
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 and who do not qualify for a governmental health care program.
- C.** If a patient is eligible to participate in a governmental health care program, such patient is not eligible for financial assistance under this Policy.
- D.** Patients who are at or below 200 percent of the Federal Poverty Levels (FPL) are eligible to receive financial assistance under this Policy.
- E.** A sliding scale, based on the FPL, is used to determine the amount of the discount.
- F.** Patients applying for financial assistance under this Policy may be required to 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.
- G.** Eligibility criteria for financial assistance includes many factors, including but not limited to the following:
 - 1.** Self-pay patient balance
 - 2.** Individual or family income
 - 3.** Family size
 - 4.** Individual or family net worth/assets
 - 5.** Current employment status and likelihood of future employment
 - 6.** Other reasonable and necessary financial obligations
 - 7.** Amount and frequency of healthcare bills
 - 8.** Judgment of the reviewer
- H.** Information and data provided by the applicant shall be verified to the extent practical.

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.** Apply with any governmental healthcare program for which they may be eligible.
 - 3.** Complete and submit an application for financial assistance to the Financial Advisor.
 - 4.** Provide a copy of the following documents:
 - a.** Most current Federal Tax Return.
 - b.** Proof of denial of governmental healthcare program(s).
 - c.** If we know that a patient will not qualify for Medicaid based on Medicaid criteria we can waive waiting for the denial to provide assistance.

- 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.

REFERENCES:**ATTACHMENTS:**