	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:1
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

MISSION

AHMC Healthcare Inc, hospitals are committed to excellence in providing quality health care services to our communities with a team of compassionate and dedicated professionals, within a culturally rich and ethically appropriate environment.

In order to better serve the community and further our mission. AHMC Healthcare hospitals will accept a wide variety of payment methods and will offer resources to assist the patients and responsible parties in resolving any outstanding balance. The hospitals will treat all patients equitable, with dignity, respect and compassion, and wherever possible, help patients who cannot pay for all or part of their care.

AHMC recognizes that there are unfortunate occasions when a patient is not able to pay for their emergency medical care, we at AHMC will adhere to the Federal, state, and local law. The hospitals have established a guideline in which patients may apply and qualify for charity care, partial charity care and discount assistance.

Purpose


The purpose of this policy is to define the eligibility criteria for charity care and partial charity care assistance and provide administrative guidelines for the identification evaluation, classification, and documentation of patient's accounts as charity and partial charity care. The hospitals of AHMC will ensure the hospitals policies are effectively communicated to those in need, that we assist patients in applying and qualifying for known programs of financial assistance, and that all policies are accurately and consistently applied. AHMC hospitals will define the standard and scope of services to be used by our outside agencies that are collecting on our behalf, and will obtain this agreement in writing to insure that these policies are incorporated throughout the entire collection process

Definitions

Charity Care means 100% free medical care for services provided by AHMC, hospitals. Patients who are uninsured for the relevant, medically necessary services, who are ineligible for governmental or other insurance coverage, and who have family incomes not in excess of 200% of the Federal Poverty Guidelines will be eligible to receive Charity Care..

Partial Charity Care means care at a discount rate for services provided by AHMC hospitals. Patients who are uninsured for the relevant medically necessary services, who are ineligible for governmental or other insurance coverage, and who have family incomes in excess of 200%, but not to exceed 350%, of the Federal Poverty Guidelines, will be eligible to receive Partial Charity Care in the form of a discount off inpatient and/or outpatients charges.

Uninsured Patient (Self Pay) at or below 500% of FPL means an individual who does not have any third-party health care coverage from either: (a) a third party insurer, (b) a Federal Health Care Program, (including without limitation Medicare, Medical, California Children Services Program, Health Family program and TRICARE), (d) Worker's Compensation, (e) Medical Saving Accounts or (f) other coverage, for all or any part of the bill, including claims against third parties covered by insurance to which AHMC hospitals are subrogated, but only if payment is actually made by the insurance company.

	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:2
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELF-PAY DISCOUNT POLICY	Revised Date: 05/22/2011

Federal Health Care Program means any health care program operated or financed at least in part by the federal, state, or local government.

Policy

AHMC Healthcare, Inc., hospitals are committed to treating uninsured patients who have financial needs with the same dignity and consideration that is extended to all of its patients. The AHMC Healthcare hospitals considers each patient's ability to pay for his or her Medical care and extend Charity Care, Partial Charity care to eligible patients who are unable to pay for their care in accordance with our policy. This policy reinforces the eligibility procedure for Charity Care and Partial Charity Care that comply with applicable federal, state, and local law.

The Responsibilities of the Hospitals Communication process

The AHMC hospitals will have a mean of communicating the availability of the charity care policy to all patients:

Patients can obtain an application for the Medical program, Healthy Families program, or other governmental programs, from the hospital representative, if the patient is not covered by a third party payer. The applications will be provided prior to discharge or admission, or to patient receiving emergency or outpatient care.

If a patient lacks or has inadequate insurance, and meets certain low and moderate income requirements the patient may qualify for a discount payment or charity.

Allow patients to (re) apply for financial assistance at anytime in the collection process including, but not limited to, after collection agency placement


The hospitals can require a waiver or release form from the patient or patient's family, and the hospitals have authorization to obtain account information from financial or commercial institution or other entities that hold or maintain the monetary assets to verify their value.

AHMC staff in Central Business office, patient registration, and emergency departments will understand the charity care policy and will be able to direct questions regarding the policy to the proper hospital representative. The hospital staff that regularly interacts with patients will also be familiar with the Charity Care policy, and if necessary, will be able to direct questions regarding the policy to a knowledgeable hospital representatives or departments.

The hospital Financial Counselor or MEP will attempt to identify potential charity care patients at admission or while the patients are in-house.

Financial Counselor/MEP Procedure:

The FC/MEP Patient Advocate must screen patients for potential linkage to government/county programs. During the screening for eligibility process, the Advocate should secure the application. The application is used to determined Charity Care and Partial Charity Care determination.

	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:3
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

Patient Qualification & Eligibility:

The criteria for eligibility is based upon an individual or family income and total compared to AHMC scheduled discount based on the current years of the Department of Health and Human Services Federal Poverty Guidelines. This guideline is reviewed annually, subject to changes in the consumer price index, and are published each year, at a minimum discount will define a financially qualified uninsured patient at being eligible for a 100% (free) discount with income up to 200% of federal poverty guidelines, with sliding scale discount for qualified uninsured with income from 200 % to 500% of federal poverty guidelines. (Section 124700)

In determining eligibility under the charity policy, AHMC can consider patient's income and monetary assets. In order for the hospitals to determine monetary assets, the following assets are excluded retirement or deferred compensation plans under the Internal Revenue Code or other nonqualified deferred-compensation plans. The AHMC hospitals cannot determine patient eligibility for the first ten thousand dollars (\$10,000) of the patient monetary assets nor shall 50 percent of the patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining patient's eligibility.

Definition of Income


For the purpose of income, all sources of income will be included in the calculation of financial need including employment income and any unearned income. Self-employment income will be based on the gross receipts as reported on the individual's last Federal Tax return.

Some examples of income: But not limited to

Income includes money wages and salaries before any deductions; gross receipts from non-farm self-employment, (business, professional enterprise, partnership, before deductions,) gross receipts from farm self employment, (receipts from a farm which one operates as an owner, renter, or sharecropper, before deductions for farm operating expenses, excluded non cash expense); regular payments from Social security, railroad retirement, unemployment compensation, strike benefit from union funds, worker's compensation, automobile insurance, veterans payments, public assistance, (including Aid to families with dependent children, supplemental security income, emergency assistance money payments, and non-federally funded general assistance, or general relief money payments, and training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government, employee pensions, (including military retirement pay), and regular insurance or annuity payment; college or university scholarships, grants, fellowships, and assistantships; and dividend, interest, net rental income, net royalties, and net gambling or lottery winnings,

Some examples of what would not be included as income.

Capital Gains, any assets drawn down as withdrawal from a bank, the sale of primary resident, tax refunds, gifts, loans, lump-sum inheritance, one time insurance payments. Also excluded are non-cash benefits, such as the employer-paid or union paid portion of medical insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied, non farm or farm housing, and such Federal non-cash benefits programs as Medicare, Medical, food stamps, school lunches, and housing assistance.

	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:4
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELF-PAY DISCOUNT POLICY	Revised Date: 05/22/2011

Definition of Assets:

Assets include, but are not limited to, checking accounts, saving accounts, stocks, bonds, certificate of deposits, cash. Cash value of life insurance policies, and equity in property owned.

Exemption to Assets:

The first \$10,000 of monetary Assets

or 50 percent over the first \$10,000

Primary place of residence

All personal property including, but not limited to, household goods, and medical equipment

Assets held in pension plans

Other assets at our discretion that we may believe are in the patient's best interest to exempt.

VERIFICATION OF INCOME AND MONETARY ASSETS:

For determining eligibility, patients are responsible for providing information for eligibility verification may include, but not limited to, any of the following.

AHMC requests patients to attest to the income set forth in the application. In determining a patient's total income, AHMC may consider other financial assets and liabilities of the patient, as well as patients' family income, when assessing the ability to pay. If a determination is made that the patient has the ability to pay their bill, such determination does not preclude a reassessment of the patients ability pay upon presentation of additional documentation.

Paycheck stubs preferable with income listed for the past 3 consecutive months prior to the month the application is received plus statements of all other income received as defined in the Definition of Income section of this policy. An income statement is recommended for all self –employed persons. In the absence of income, a letter of support and/or declaration of no income can be accepted from the patient and or/responsible party with the letter detailing how the current living needs are being met.

W-2 FORM OR PAY STUBS

SELF EMPLOYEE SCHEDULE C- FORMS


MEDICAL ASSISTANCE ELIGIBILITY/DENIAL NOTICE IF APPLICABLE

SOCIAL SECURITY CHECKS

BANK STATEMENT, CHECKING AND SAVINGS

WORKER'S COMPENSATION CHECK STUBS

UNEMPLOYMENT CHECK

	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:5
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELF-PAY DISCOUNT POLICY	Revised Date: 05/22/2011

PROOF OF DEPENDENCY MAY BE REQUIRED IN ORDER TO CLAIM A DEPENDENT CHILD

OTHER INFORMATION THAT AHMC HEALTHCARE FACILITIES MAY DEEM RELEVANT IN ASSISTING THE HOSPITALS IN MAKING THE MOST APPROPRIATE CHARITY DETERMINATION

Failure to meet the above criteria provides grounds for denials of charity Care. Charity care levels of income may be verified for either the previous twelve (12) months or annually of partial year information qualification is valid under either method of calculation. In addition to historical information, future earning capacity along with the ability to meet those obligations within a reasonable time may be considered. Providing false information or excluding requested information may result in denial of application and eligibility. This financial information is considered confidential and is protected to ensure that such information will only be used to assist in enrollment or evaluating eligibility for financial assistance.

GENERAL APPLICATION GUIDELINES:

An application, whenever possible, should be submitted and approved before the services are provided.

No application or financial consideration will be required for Emergency Medical Treatment or services that are provided without advance notification from a physician or other referral area. The application should be completed as soon as possible keeping the patient's medical needs as the primary focus. Application to cover the emergency treatment will be made after the services provided.

It is crucial that Charity Care applicants cooperate with AHMC Health Care Inc, facilities need for accurate and detailed information within a reasonable time frame. If necessary, information is not legible, or is incomplete, applications may be considered denied or returned to applicants for signature and if that is not possible, reasonable documentation demonstrating applicant intent to apply for charity care.

The absence of any requested application data would be subjected to management discretion and possible denial.

In the absence of a completed charity application, charity may be considered when supported by other collaborating credit information and approved by an additional level of signature.

Upon approval for charity care, the documentation may be used for re-evaluation for future services along with other update pertinent, supplemental information for up to six months. Exceptions may be granted during this six month period based on management discretion, in consideration of changing circumstances from the initial qualifying period.

THE FINANCIALLY QUALIFIED CHARITY CARE PATIENT:

According to the (Section 127410) AHMC Healthcare Inc policy the hospitals will not place a lien, or force the sale or foreclose of a financially qualified charity patient or Partial Charity care patients primary residence to pay for an outstanding medical bill or include the primary residence in the asset calculation, unless the property clearly indicates and ability to assume the financial obligation and is subject to senior managements prior approval.



REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
PATIENT ACCESS	Page:6
HOSPITAL POLICY	Original Date: 06/01/06
CHARITY CARE AND SELF-PAY DISCOUNT POLICY	Revised Date: 05/22/2011

AHMC will not pursue collection action against a financially qualified charity care or partial charity care patients who have clearly demonstrated that he or she does not have sufficient income or assets to meet any part of their financial obligation (section 127410)

AHMC will not use forced court appearance to require the financially qualified charity care patients or responsible party to appear in court (section 127410)

AHMC will not garnish wages for the financially qualified charity care patient.

Once charity care status is determined, it will be applied retroactively to all qualifying accounts

For at least 150 days after an uninsured patient's discharge, AHMC will not send patient account to bad debit or outside agency to collect payment on patient's bill (Section 127410).

If an uninsured patient has requested charity assistance and/or applied for other coverage and is cooperating with the hospitals, the hospitals will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe patient may qualify for coverage.

ADDITIONAL RESPONSIBILITIES FOR PATIENTS WHO HAVE RECEIVED PARTIAL DISCOUNTED CHARITY CARE

When a patient has been approved under the charity care policy for partial discount, AHMC hospitals will work with the patient or the responsible party to establish a reasonable payment option.

If an uninsured patient complies with a payment plan that has been agreed upon by the hospitals AHMC, CBO will not pursue collection action.

If AHMC has sufficient reason to believe that the patient has income or monetary assets to meet his or her partial obligation but continues with non-payment, collection action may be taken by AHMC to enforce the terms of the payment plan. Once charity care status is determined, it will be applied retroactively to all open accounts and will be valid for a period of six months from date of determination.

COLLECTION REQUIREMENT POLICY

Any collection account which is assigned for collection and which has self pay or covered by insurance and the patient has indicated they believe they have sufficient high cost medical expenses to qualify for charity or discounted fees, may not be reported against the patient's credit record for at least 150 days from the date the account was initially billed to the patient.

Accounts will not be sent to AHMC hospitals collection agency if the patient is attempting in good faith to settle the account with the hospital by negotiating a payment plan or is making regular partial payments. There is an exception to this provision: the account may be assigned to the AHMC collection agency as long as the agency AGREES TO COMPLIANCE WITH THIS PROVISION by managing the payment plan, negotiating the payment arrangement with the patient's application.

Any extended payment plans negotiated with a qualified patient under the discounted fee arrangement must be provided without interest so long as the patient does not default on their payment arrangement.



REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
PATIENT ACCESS	Page:7
HOSPITAL POLICY	Original Date: 06/01/06
CHARITY CARE AND SELF-PAY DISCOUNT POLICY	Revised Date: 05/22/2011

If patient is appealing a denial of insurance coverage or payment and is making a reasonable effort to keep the AHMC hospital informed, the account may not be credit reported until a final determination is made on the appeal

APPLICATION PROCESS

A completed AHMC Charity care application will be processed by the hospitals admitting department MEP worker or Financial Counselors' or CBO staff in accordance with the Revenue Cycle/ Patient Financial Services policy. When the charity care application is received, the front line staff will review and determine whether the application is complete and whether the documentation supports eligibility for Charity Care and Partial Charity Care (high medical cost patient).

The MEP/FC worker is responsible to verify that all figures used to calculate eligibility are correct, and if needed, they have authority to seek additional verification before submitting for approval. The CFO will evaluate the recommendations, verify calculation and documentation and, either approve, deny, or forward to the appropriate person (DPS) as necessary.

Patients extended Partial Charity Care in the form of a discount must sign a written agreement to pay the amount of the hospital bill remaining after deducting the discount. The patient will receive a bill showing charges, the amount of the discount and the amount due. Services provided by physicians who are not employed by AHMC and other services provided by outside vendor are not covered by this policy. Patients seeking a discount for such services should contact the physician or outside vendor directly.

Patient who do not provide the requested information necessary for the hospital to completely and accurately assess their financial situation in a timely manner and/or who do not cooperate with efforts to secure governmental health care coverage will not be eligible for Charity care or Partial Charity Care.

This policy is available in English, Spanish, and Chinese. The written notices of Charity care and Partial Charity care and High Medical discount will be posted in Emergency Room, Central Business Office, Outpatient services, and Admitting department where patients are presented for services.

To obtain more information on how to apply for Charity Care, Partial Charity Care, and discounts, please contact our hospitals MEP workers for assistance.


REVENUE CLASSIFICATION

It will be the responsibility of the business office to maintain the integrity of account classification on the hospital's patient accounting system. Prior to month end close, MEP is responsible for providing detail report listing critical changes in account class between Self-Pay and Charity for any AR account assigned in system (CPSI) The business office is required to use those reports to update the changes in the patient accounting system prior to the month-end.

Critical changes in account class are defined as:

Any account originally assigned to MEP as Self Pay that is re-classed as a result of meeting the criteria for Charity care or Partial Charity Care (high Medical cost) patients.

Any account originally assigned to CBO as Charity or Partial Charity that is re-classed to Self-pay as a result of denying Charity Care.

	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:8
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

MAXIMUM OUT-OF-POCKET

As outlined in our Charity guidelines, a maximum out-of-pocket payment will be applied to all patients whose income falls within our guidelines.

Patient or family out of pocket medical expenses will not exceed 10% of the family total income within a 12 month period, if total family income is less than 350% FPL or high Medical cost.

DENIED CHARITY CARE RECOMMENDATIONS

In the event the CFO denies a patient's application for Charity Care, documentation is to be placed in the facility collection system as to the reason for the rejection of the recommendation. The CFO is also to indicate on the Confidential Financial Application the reason for denial and the date of the denial. The packet is then to be forwarded to DFS for review. After an initial review and discussion with the CFO, for those patient accounts where disagreement still prevails, and the accounts that meet AHMC guidelines for Charity Care as set forth here, a denial summary will be sent to the respective AHMC Corporate Vice President of Finance for resolution. For those patient accounts that the CFO of facility has denied that have met the AHMC Charity Care guidelines as set forth here, a denial summary will be sent to the respective VP, Corporate Office

AHMC Health Care Inc.

1000 S. Fremont Ave

Alhambra, CA 91803

Attention: Director of CBO

THIRD PARTY PAYER LANGUAGE

“Charity determination will be granted on an “all, partial, or nothing” basis. There is a category of patients who qualify for Medi-Cal, but do not receive payment for their entire stay. Under the charity care policy definition, these patients are eligible for charity care write-offs. This write off does not include Share of Cost (SOC) amounts that the patient must pay before the patient is eligible for Medi-Cal. In addition, the hospital specifically includes as charity the charges related to denied stays, denied days of care, and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity. These patients are receiving the service, and they do not have the ability to pay for it. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make payment, and Medicare does not ultimately provide bad debt reimbursement will also be included as charity. These indigent patients are receiving a service for which a portion of the resulting bill is not being reimbursed.”

EMERGENCY PHYSICIANS

Emergency Physicians are required to offer discount payments to patients who receive medical care in the hospital Emergency Room Department. As defined in Section 127450, who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350



REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
PATIENT ACCESS	Page:9
HOSPITAL POLICY	Original Date: 06/01/06
CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

percent of the Federal Poverty Level. This statement shall not be construed to impose any additional responsibilities upon the hospitals.

CUSTODIAN OF RECORDS

FC will serve as the custodian of records for all Charity Care documentation for all accounts identified by CBO, MEP, and **DPS**.

APPROVAL PROCESS:

Charity Care assistance must be approved by the hospitals CFO

2011 Federal Poverty Guidelines

Up to 500% FPL = Discount to 125% of Medicare DRG RATE

UP to 350% FPL = Discount to Medicare DRG RATE

Up to 200% FPL = 100% Charity Write Off


FAM	ANNUAL	INCOME							
Size	100%	150%	200%	250%	300%	350%	400%	450%	500%
1	\$10,890	\$16,335	\$21,780	\$27,225	\$32,670	\$38,115	\$43,560	\$49,005	\$54,450
2	\$14,710	\$22,065	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840	\$66,195	\$73,550
3	\$18,530	\$27,795	\$37,060	\$46,325	\$55,590	\$64,855	\$74,120	\$83,385	\$92,650
4	\$22,350	\$33,525	\$44,700	\$55,875	\$67,050	\$78,225	\$89,400	\$100,575	\$111,750
5	\$26,170	\$39,255	\$52,340	\$65,425	\$78,510	\$91,595	\$104,680	\$117,765	\$130,850
6	\$29,990	\$44,985	\$59,980	\$74,975	\$89,970	\$104,965	\$119,960	\$134,955	\$149,950
7	\$33,810	\$50,715	\$67,620	\$84,525	\$101,430	\$118,335	\$135,240	\$152,145	\$169,050
8	\$37,630	\$56,445	\$75,260	\$94,075	\$112,890	\$131,705	\$150,520	\$169,335	\$188,150

For each add' person Add \$3,740.00

***Patient who qualify for Charity services but are >200% FPL will given a 60% discount for outpatient Services**

SELF-PAY PATIENT DISCOUNTS ELIGIBILITY REQUIREMENTS:

1. Patient who does NOT qualify for Charity Care under AHMC Charity program and who do not have insurance or who have in adequate insurance coverage and are considered "Self Pay" will be eligible for Prompt Payment discount
2. Patient who qualifies for a discount must make full deposit of estimated charges at the time of or prior to receiving services in order to qualify for the discount.

	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:10
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

3. If patient make other payment arrangement, patients will be billed for remainder of their balance due and the balanced must be paid in full within 30 days of receipt of the bill. If payment is not received with 30 days, the discount will be removed and the full billed charges will be due and payable upon receipt of the bill.

4. Cosmetic procedure excluded from the cash discount program.

5. Discount payment requires full payment at the time of service or within 30 days of discharge of date of services unless other arrangements have been made.

SELF –PAY DISCOUNT

1. 40% OFF charges for payment received under the self-pay discounts requirement see above.


 AHMC Healthcare Inc.	REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
	PATIENT ACCESS	Page:11
	HOSPITAL POLICY	Original Date: 06/01/06
	CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

Exhibit B – Confidential Financial Application

AHMC Confidential Medical and Financial Assistance Application

Facility: ARMC	Acct. #:	Patient Name:	SSN:	DOB:
Patient Address:				
Patient Home Phone:		Patient Work Phone: None		

SECTION A

MEDICAL ASSISTANCE SCREENING- *Please check answer "Y" for yes to "N" for no.*

Y / N

Y / N

1. Is the patient under age 21 or over age 65?	/	5. Is the patient pregnant, or was the admission pregnancy related?	/
2. Is the patient a single parent of a child under age 21?	/	6. Will the patient potentially be disabled for 12 months?	/
3. Is the patient a caretaker or guardian of a child under 21?	/	7. Is the patient a Victim of Crime?	/
4. Is the patient a married parent of a minor child? <i>If yes, does the patient have a 30-day incapacitation?</i>	/	8. Does the patient have a "COBRA" or insurance policy that the premium has lapsed?	/

SECTION B

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

RESPONSIBLE PARTY/GUARANTOR

Responsibility Party:		Relationship to patient:	
SSN:	DOB:		
Home Address:		Phone #:	
Work Address:		Phone #:	
Gross Income:	Circle One - <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
		Hours Per Week:	
If income is \$0/unemployed, what is your means of support?	<input type="checkbox"/> Living on Savings/Annuity <input type="checkbox"/> Live with parent/family/friends Homeless <input type="checkbox"/> Shelter		
	<input type="checkbox"/> Deceased <input type="checkbox"/> Other:		

SPOUSE

Responsibility Party:			
SSN:	DOB:		
Home Address:		Phone #:	
Work Address:		Phone #:	
Gross Income:	Circle One - <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
		Hours Per Week:	



REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
PATIENT ACCESS	Page:12
HOSPITAL POLICY	Original Date: 06/01/06
CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

SECTION C
HOMELESS AFFIDAVIT

I, herby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others. _____

Patient/Guarantor Initials

ATTESTATION OF TRUTH

I hereby acknowledge all of the information provided herein is true and correct. I understand that providing false information will result in the denial of this Application. Additionally, depending upon local or state statutes, providing false information to defraud a hospital for obtaining goods or services maybe considered an unlawful act. I also acknowledge and consent that a credit report may be obtained or other such measure may be taken to verify information provided herein. I fully understand that AHMC Charity Care program(s) is a "Payor of Last Resort" and hereby confirm all prior assignments of benefits and rights, which may include liability actions, personal injury claims, settlements, and any and all insurance benefits which may become payable, for fitness or injury, for which AHMC or its' subsidiaries provided care.

PATIENT/GUARANTOR SIGNATURE

DATE

SECTION D

FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household 1

(Include patient, patient's spouse and/legal guardian, and any children the patient has under the age of 18 living in the home. If the patient is a minor, include mother/father and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income \$ 0.00

Calculate Income to FPG Ratio: \$ _____

Gross Annual Income ÷ FPG Based on Family Size: _____ %

Type of Service Check One

ER OP IP MULTI

Total Co-pay Amount Due: \$ _____

SECTION E

OFFICE USE ONLY

Family Size:	1	Acct Number(s) / Branch	Pt Type / Date of Service	Balance	W/O Amount	Co-Pay
Gross Annual Family Income:	\$				\$	\$
FPG based on Family Size:	\$					\$
Current Hospital Charges (w/ in 6 months):	\$			\$	\$	\$
Income/FPG:	%			\$	\$	\$
Income X 2:	\$			\$	\$	\$
Total Hospital Charges:	\$					



AHMC Healthcare Inc.

REVENUE CYCLE PROCEDURE	Effective Date Jan 1, 2007
PATIENT ACCESS	Page:13
HOSPITAL POLICY	Original Date: 06/01/06
CHARITY CARE AND SELFPAY DISCOUNT POLICY	Revised Date: 05/22/2011

Prepared by _____	Date _____	Unit _____
Examined by _____	Date _____	Unit _____

Approved or Denied by _____	Date _____	Title _____
Denial Reason:		