

PALO VERDE HOSPITAL

MANUAL:	Effective Date: 10/30/07 Revised: Reviewed:	Number:
Title: CHARITY POLICY		Page 1 of 1

POLICY

To provide individuals receiving services at Palo Verde Hospital with a level of financial assistance if there is evidence that there is financial hardship that prevents the patient from providing reimbursement for the services provided.

PROCEDURE

1. Individuals feeling that they may qualify for Charity or Hardship adjustment must complete and provide the following information:
 - a. Complete a Financial Screening form
 - b. Provide tax returns for the previous two years.
2. The information provided will be reviewed using the following criteria:
 - a. Family income less than 350% or the most current Federal Poverty Guidelines.
3. Individuals that are considered Homeless, with documented return mail, will qualify as a Charity/Hardship.
4. Individuals that are deceased, with a valid copy of a Death Certificate, will qualify as a Charity/Hardship.
5. Information will be reviewed and a letter of Approval or Disapproval of application will be provided by return mail.

FORMS

Financial Screening Form

REVIEW AND APPROVED:	DATE APPROVED
BOARD OF DIRECTORS	10/30/07

PALO VERDE HOSPITAL

MANUAL:	Effective Date: 10/30/07 Revised: Reviewed:	Number:
Title: DISCOUNT POLICY		Page 1 of 1

PURPOSE

To provide individuals receiving or wishing to receive services that are considered to be a Cash or Self Pay patient a discount rate as defined in state law Ab 774. These individuals do not qualify for any state or public assistance programs and do not qualify for the facility Charity/Hardship program.

PROCEDURE

1. Individuals with no coverage other than on a Cash or Self Pay basis will be provided a maximum charge for the service based on Medicare reimbursement.
 - a. In Patient services will be based on the Medicare DRG.
 - b. Out Patient and ER services will be based on a Medicare 8% reimbursement rate of the total charges for the services provided.
 - c. Balance remaining after payment of discount rate is adjusted to code #831.
2. Payment is expected prior to service being provided, however, in some cases, extended payment plans can be provided with the account being paid off within a six to nine month period. The monthly payment should be set at an amount that would provide the account to be paid within the prescribed time.
3. No interest is charged to the patient during this payment arrangement.
4. Failure to maintain the monthly payment arrangement will be considered a Default and the account in question will be forwarded to a collection agency for additional collection activity.
5. Individuals with insurance coverage will not qualify for the Cash or Self Pay classification as these individuals are already covered for a discount related to their insurance contract. The balance due from the patient following the insurance payment may be discounted but on a percent basis with a maximum of 25% as determined on an individual case by case basis by the Director of the Business Office.

REVIEW AND APPROVED:	DATE APPROVED
BOARD OF DIRECTORS	10/30/07