

<b>POLICY SUBJECT:</b>	<b>Patient Financial Assistance Policy</b>	<b>EFFECTIVE DATE:</b>	<b>January 1, 2005 REVISED: May 25, 2010</b>
<b>MANUAL:</b>	<b>BUSINESS SERVICES</b>	<b>PAGE 1 OF 4</b>	

**POLICY:**

It is the policy of Southern Inyo Healthcare District (SIHD) to provide healthcare to all patients. Financial Assistance is available to those who meet financial eligibility.

Partial and/or full financial assistance will be determined based on the individual's ability to pay. The ability to pay is based on the published Federal Poverty Guidelines (published and updated annually in the federal register), Financial Assistance application, and SIHD's sliding pay scale.

**Patients are responsible for payment of account(s) after the discount has been taken.**

The patient must make a "request" for uncompensated services. The request may be made at any time, this means before, during, or after services are rendered.

**PURPOSE:**

The purpose of this policy is to define the eligibility criteria for the financial assistance program and to provide administrative and accounting guidelines for the identification, classification and reporting of patient accounts as charity care.

**ELIGIBILITY CRITERIA:**

A low-income uninsured hospital or clinic patient who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for the financial assistance program.

In order to qualify for the financial assistance program a patient or their representative must complete the application process.

Patients with insurance may apply, however, discount will not be deducted until all possible 3<sup>rd</sup> party insurance payments have been exhausted, and then the discount will apply to non-covered services that are patient liability and annual deductibles.

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**APPLICATION PROCEDURES:**

1. The patient shall complete a Southern Inyo Healthcare District financial assistance application form; provide documentation regarding family income, and the number of family members.
2. The Financial Assistance Program Staff will review the application for completeness and determine patient eligibility and level of discount. The application will then be forwarded to the Administrator or his/her designee for final review and approval or denial. The patient will then be notified.
3. Discounts are good for the current calendar year. At the end of each calendar year the patient must reapply, before the December 31 expiration date. It is the patients' responsibility to complete a new application including documentation on family income and size.
4. A patient may reapply for the program at any time their financial circumstances or family size changes.
5. After the patient has been approved (or re-approved), the Billing Department will discount services which occurred up to 30 days prior to approval date.
6. This policy does not apply to services provided by medical providers outside the hospital or clinic such as outside laboratory fees, pharmacy expenses, etc.
7. SIHD may make the approval of financial assistance contingent on the patient applying for governmental assistance.

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10. The patient must apply for Medi-Cal and maintain any paperwork etc. required by the Medi-Cal program to continue on financial assistance. If we are notified that they have not completed any Medi-Cal requirements we reserve the right to cancel their financial assistance.

11. It is only necessary to complete one application per family in the household.

Acceptable documentation of income verification:

- a. Pay stubs (preferred)
- b. Unemployment statement of eligibility/determination
- c. W-2/1099 form (most current)
- d. Income Tax returns (most current)

Family is described as a person or persons living at the same physical address, sharing expenses and income. This includes: those living as husband and wife, co-habiting but not married, same sex unions, minor children or full time student living in or away from the home up to the age of 23.

**HOMELESS PATIENTS:**

Emergency room patients without a payment source may be classified as in need of financial assistance if they do not have a job, mailing address, residence or insurance. Consideration must also be given to classifying (emergency room only) patients who do not or can not provide adequate information as to their financial status.

**SOUTHERN INYO HEALTHCARE EMPLOYEES**

Southern Inyo Healthcare Employees may apply for Financial Assistance or qualify for the standard employee discount, but may not qualify for both.

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**SPECIAL CIRCUMSTANCES:**

- a. Responsible party of a deceased patient without an estate or third party coverage, will be eligible for financial assistance
- b. Patients who are in bankruptcy or recently completed bankruptcy may be eligible for assistance.
- c. In rare occasions, the patients' individual circumstances may be such that while they do not meet the regular financial assistance criteria in this policy, they do not have the ability to pay their hospital or clinic bill. In these situations, with the approval of Administration, part or all of their cost of care may be written off to charity care.

**PUBLIC NOTICE AND POSTING:**

- 1. Public notices of the availability of Financial Assistance will include a hospital phone number that patients may call for further assistance.
- 2. Notices will be posted at the entrances to the hospital and clinic, and the outpatient registration desk.
- 3. Notice will be posted on SIHD's web site.

**GOVERNMENTAL ASSISTANCE:**

- 1. In determining whether an individual qualifies for financial assistance, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, Healthy Families, or Victims of Crime.
- 2. The facility will assist the individual in determining if they are eligible for any governmental or other assistance.
- 3. Patients eligible for programs like Medi-Cal, but whose eligibility is not established for the period during which services were provided, may be granted financial assistance on a contingency status (for a certain time frame or number of visits only).

