		PPC APPROVAL:
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SUBJECT: Financial Assistance Policy		
DEPARTMENT: Patient Financial Services		
APPROVED BY: Danette Coulter		EFFECTIVE:
		REVISED/UPDATED: 9/2020; 5/2021

PURPOSE:


Pioneers Medical Center (PMC) is committed to providing financial assistance (charity care) to patients who are uninsured, under-insured, ineligible for Medicaid, or who are unable to pay for medically necessary care based upon their individual financial situations. Financial assistance is also available for services provided by the physicians at Meeker Family Health Center.

POLICY:

It is the policy of PMC to provide financial assistance for patients who have health care needs and are unable to pay for their care due to lack of insurance coverage by any private, state, or federal insurance program. The granting of financial assistance shall be based upon income and family size and shall not discriminate based upon age, gender, race, sexual orientation, or religious affiliation. **Eligible** services will be made available to a qualified patient on a sliding fee scale in accordance with the most current Federal Poverty Level (FPL) Guidelines. A qualified patient is an individual who is uninsured and whose family income is not more than 250% of the FPL. Procedures denied by insurance are not eligible for financial assistance. Eligibility will be reviewed annually or if there is a change in income or family size. Receiving financial assistance does not preclude balances from being referred to a collection agency.

PROCEDURE

1. To be eligible for financial assistance an application must be completed and appropriate documentation provided, payroll documents and/or previous year's tax information, and picture ID.
2. External publicly available data sources that provide information on a patient's ability to pay may be utilized.
3. Requests for financial assistance shall be processed immediately and copays for various services will be determined. Financial assistance write-offs shall be retroactive 30 days from the date the application is signed.
4. Copays will be requested prior to receiving the eligible service; services may be postponed if a patient cannot pay their copay.

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5. A nominal fee of \$5 will be requested from patients, at the time of service, who are at, or below, 100% of the FPL. If a patient cannot pay, the amount will be written off to charity.
6. Information about patient financial assistance shall be made available to each patient in a clear and understandable manner. This information shall be posted conspicuously on the facility's website and in patient waiting areas; it shall be provided upon discharge from the hospital and also be included on each patient's billing statement.

REFERENCE:

National Health Service Corps Sliding Fee Discount Program Information Package

Bad Debt Collection Policy