

Physicians Surgery Center of Frederick

POLICY: Charity Care

The Facility Administrator or Business Office Manager will review each request for charity care and approval will be based on criteria outlined in this policy. Guidelines for determining charity care criteria will be approved by the Facility Board of Managers.

PURPOSE:

To establish consistent eligibility requirements for patients requesting part or all of their balances for services rendered by the Facility to be written off as charity care.

SCOPE:

All patients requesting part or all of their accounts to be written off as charity care will be reviewed on a case-by-case basis. Persons with a family income below 100% of current federal poverty guideline who have no health insurance coverage and are not eligible for any public program to cover medical expenses are eligible for services free of charge. Those above 100% but below 300% will be eligible for discounts on a sliding scale for families.

PROCEDURE:

DOCUMENTATION

- A. Every patient requesting charity care write-offs must complete a Financial Assistance Form (found in the Appendix) and attach any and all applicable documentation. Upon receipt of information needed a probable eligibility determination will be made within two business days, and the patient notified. Patients are requested to apply prior to receiving service. Applications will not be considered more than ninety (90) days after insurance pays. Refunds of amounts paid prior to application approval will not be made. A link to the policy and documents is available to the public and can be found on the facility website at www.physiciansurgctr.com
- B. Income verification will be required by one or more of the following: pay stubs, W-2 forms, tax returns, an employer written statement, etc. Other documentation required includes but is not limited to copies of the following:
 1. Medical bills
 2. Utility bills
 3. Car payment stubs
 4. Rent receipts
 5. Bank statements
 6. Alimony/child support receipts
 7. Government assistance receipts
 8. Other income/investment statements (e.g. 401K)
- C. Each application will be considered for a specified amount. The approval of an application will not be considered as an approval for any or all future accounts. Each application will require new verification information to be considered for charity.

APPROVAL PROCESS

- A. The Facility Administrator must approve all balances to be written off as Charity Care.
- B. Each patient applying for charity care must make a good faith effort, as determined by the Facility, to obtain coverage from available public assistance programs such as:
 1. Medicare
 2. Medicaid

3. Vocational rehabilitation
 4. Victims of Crime
 5. Children Special Services
 6. Church program
 7. If the patient has been denied public assistance they must supply documentation denying eligibility.
 8. A patient who refuses to apply or follow through with applications for other assistance will not be eligible for charity care.
- C. Medicaid patients who meet our financial guidelines and receive services determined to be non-covered by Medicaid will be deemed covered expense for charity care and will not require the application process.
- D. In the case of patients who are faced with catastrophically large medical bills, the Facility Administrator may make a discretionary recommendation that the patient is medically indigent and thus is eligible for charity care. This determination will be made on a case-by-case basis and will require verification of all medical expenses.
- E. If patients do not qualify for medical assistance through the state or Facility charity care guidelines, refer to FINBO.06 – Discounts for Self-Pays and Uninsured Patients.
- F. Patients whose income does not exceed 300% of the most current Poverty Income Guidelines issued by the Department of Health and Human Services will qualify for charity care discounts after verification of employment. These guidelines are updated annually. The current Poverty Income Guidelines can be found as follows: <http://aspe.hhs.gov/poverty>
- G. The Financial Assistance Form, along with any applicable supporting documentation, should be returned to the business office for account reconciliation and the appropriate write-off applied to the account prior to closing the accounting month. Write-offs should be performed using the appropriate charity care write-off code.
- H. The Facility reserves the right to reverse charity care approval if the information provided by the patient in the application is later determined to be falsified or is compensation for services obtained from another source.
- I. This policy will be shared with physicians, and made public patients of the facility and the community at large.
- J. Charity Care Reports will be submitted to the Board of Directors Periodically to monitor and promote compliance and progress toward meeting overall annual goal for the facility and community.

Associated Documentation

Policy STAT Form – Financial Assistance Form

Review and Approval Signatures:

Board of Directors Chairman/Medical Director: _____ / _____

_____ / _____

Medical Executive Committee: _____ / _____

_____ / _____

Administrator: _____ / _____

Administrator: _____ / _____

