



Samaritan Health Services, Inc.
FINANCIAL ASSISTANCE FOR MEDICAL SERVICES POLICY

APPROVED: _____

DATE: _____

PURPOSE: To provide a standard policy and procedure to ensure the consideration for financial assistance for medical services rendered by Samaritan Health Services is consistent and in keeping with the mission and values of this organization.

SCOPE: This policy covers all departmental policies, procedures and standards related to, but not limited to Patient Registration, Nursing and Ancillary Care Departments and Patient Financial Services.

POLICY: Samaritan Health Services will not deny necessary urgent or emergent healthcare to any individual regardless of his/her ability to pay. It is also important to recognize that we must be good stewards of our resources so that a sound financial base will allow us to continue to provide quality care for our patients. Therefore, a clear distinction between charity and bad debt is needed to assure accurate and fair measurement of a patient's ability to pay. Financial assistance applications will be measured against the following criteria and will be extended to those who do not have adequate resources to pay. All information gathered during the review process will be kept strictly confidential.

PROCEDURES:

Information regarding a patient's inability to pay will be referred to appropriate staff in Admitting or Patient Financial Services. A determination of ability to pay will be made after all relevant financial factors have been evaluated. The result of the evaluation will determine if the patient qualifies for full or partial financial assistance. Each case will be evaluated using the following criteria; no one factor is to be used as deciding factor in evaluating individual cases.

1. The care provided must be related to urgent or emergent circumstances.
 - a. urgent or emergency care is defined as: necessary care, first-aid treatment or assistance needed by a person suffering from an injury or medical condition which requires immediate medical attention, for which the absence of such medical attention would likely result in either a loss of life, increased injury, physical deterioration, or prolonged suffering.
 - b. in general, elective and cosmetic procedures will not qualify for the financial assistance allowance. An evaluation may be requested on a case-by-case basis and shall include input from physician and relevant clinical hospital staff.
2. A patient/guarantor may apply for consideration for financial assistance provided an account has not already been assigned to collection.

3. The following documentation must accompany a completed request for financial assistance form for balances greater than \$100.00. (The Financial Specialist is responsible for determining if accounts less than \$500 qualify for financial assistance based on the information available.) Failure to provide reasonable documentation requested by SHS staff in the time frame stated, will result in an automatic denial of the application.
 - a. most recent federal income tax return.
 - b. copies of past a current pay stubs.
 - c. written verification of income from employer.
 - d. other documents as deemed necessary by the Financial Specialist.
4. The applicant must be informed that a credit report may be requested.
5. Before a request for financial assistance is granted all possible sources of payment must be considered:
 - a. any insurance coverage the patient may have.
 - b. any third party coverage the patient may have.
6. The financial assistance allowance is determined using an income table based on the national poverty guidelines and includes determinants of income and family size.
7. Annual income consists of the following:
 - a. wages earned by the members of the household during the past year and/or possible future wages,
 - b. income from interest and dividends,
 - c. self employment income,
 - d. child support or alimony (may require a copy of the court record),
 - e. unemployment benefits,
 - f. workers compensation benefits,
 - g. life insurance proceeds,
 - h. pension or profit sharing payments,
 - i. social security benefits,
 - j. other income deemed taxable by either the Internal Revenue Service of the Oregon Department of Taxation.
8. Financial assistance is based on income and the number of members in the household claimed as dependents for tax purposes including but is not limited to domestic partners.
9. The Financial Specialist screens financial assistance requests and refers all applications over \$500 to the Management with a recommendation.
 - a. The Operations Manager may approve a financial adjustment of up to \$5,000.
 - b. The Director may approve a financial adjustment of up to \$20,000.
 - c. Any financial adjustment greater than \$20,000 must have the approval of the Vice President of Finance.
10. Upon determination a letter will be sent to the patient /guarantor explaining the decision. If the application has been denied the patient/guarantor may appeal the denial by submitting any additional documentation that may further explain the qualifying factors for an adjustment.

11. The patient/guarantor may reapply for consideration every six months provided the accounts are still in good standing.
12. When a financial adjustment for charity purposes is made it will be recorded as a charity care allowance in the accounts receivable system
13. If a partial adjustment is made, the balance will require payment terms and the account will be forwarded to ARS for follow-up.

Submitted By: Patient Financial Service

Effective: June 15, 2003

Reviewed:

Revised: