



**SCOTLAND COUNTY HOSPITAL  
POLICY & PROCEDURE**

Section Title <b>Patient Financial Responsibility</b>					Page(s) 2
Subject <b>Discounts</b>			Attachments	Date Effective	
Originating Authority	Approving Authority	Med. Staff	Approval Date	Board Approval Date	Revision
<p align="center"><b>III. Financial Assistance</b></p> <p>Financial Assistance provides discounted services for those who do not have the ability to pay. This policy is available to self-pay patients and underinsured patients whose income is sufficient for basic living cost but not medical care.</p> <p>Financial assistance is based on Income Level as a Percent of Federal Poverty Level as a Percent of Gross Income. Discounts range from 30% to 50% and is determined on a case-by-case basis.</p> <p>A financial assistance application must be completed and must be accompanied by supporting documents. Fully completed applications are to be returned within 30 days of the date of service.</p> <p>Supporting documents may include any or all of the following:</p> <ul style="list-style-type: none"> <li>• Prior year household income tax return including all schedules (Depreciation will be added back to determine adjusted gross income)</li> <li>• Most recent three (3) pay stubs of all the family members contributing to the household income or written verification from employer(s) of current year to date wages</li> <li>• Forms approving or denying employment compensation</li> <li>• Asset search revealing no estate or assets (may be obtained by the hospital)</li> </ul> <p>Patients applying for financial assistance will be asked to apply for Medicaid or MO Healthnet for Kids.</p> <p>Accounts eligible for payment plans will be allowed to set up such plan. See Payment Plan Policy. Patient must keep account in good standing or financial assistance will be revoked for future services. Patients' failure to keep account in good standing will result in referral to a collection agency for collections.</p> <p>Financial assistance may not be combined with any other discount. Discounts beyond the percentages stated in this policy will be determined by the CEO, CFO or Controller.</p> <p>Patients with Medicaid, Medicare, other Governmental assistance or third party payer are not eligible to receive financial assistance. Patients must qualify for financial assistance yearly, reapplying April 15<sup>th</sup> of each year.</p> <p>Services that do not qualify for financial assistance include:</p> <ul style="list-style-type: none"> <li>• Surgery for cosmetic purposes</li> <li>• Co-pays as required by your commercial insurance and Medicare/Medicaid</li> <li>• Deductibles and co-insurance</li> </ul>					Date Reviewed By

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<p>Family is defined as a group of two or more people who reside together. Any patient who claims someone as a dependent on their income tax return, that dependent must be considered for purposes of financial aid.</p> <p>Family income includes:</p> <ol style="list-style-type: none"> <li>1. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.</li> <li>2. Noncash benefits (such as food stamps and housing subsidies) do <b>not</b> count.</li> <li>3. Determined by adjusted gross income</li> <li>4. Proof of income for all members of the household.</li> </ol> <p>Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.</p> <p>Underinsured: Income is sufficient for basic living cost but not medical care using average cost of living expenses recommended by the IRS and Department of Justice.</p> <p style="text-align: center;"><b>IV. Charity Care</b></p> <p>Scotland County Hospital and its Rural Health Clinics are committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with</p> <p>Accounts that result in Charity Care are as follows</p> <ol style="list-style-type: none"> <li>1. Discounted amounts resulting from Financial Assistance are applied to charity care.</li> <li>2. Amounts remaining on a deceased patient's account, when the patient has no estate, and after any payments, from all payers are received. Must verify that no estate exists.</li> <li>3. Qualified Medicare Beneficiary cost-sharing, that collection efforts have been exhausted, will be considered Medicare Bad Debt under the Charity Care Policy.</li> <li>4. Other adjustment/discount may be considered to meet charity care requirements where a catastrophic situation exists. These cases will be reviewed individually. The request for this consideration must include sufficient documentation to determine the need and are signed off on by the CEO.</li> </ol>				