

SUBJECT: Payment Assistance/Charity Care	EFFECTIVE: 01/07
DEPARTMENT: Business Office	REVISED: 11/07
WEATHERFORD REGIONAL HOSPITAL	Reviewed 12/14/11 GA ①
APPROVAL: <i>Carrie Mallick</i> Business Office Director	DATE APPROVED: 11/16/2007

Debra Howe, CEO

POLICY:

To ensure appropriate consideration is given to those patients who need financial assistance.

PROCEDURE:

Charity Care Program

To be eligible for consideration:

- The family income is at or below the U.S. HHS Poverty Level Guidelines
- Not eligible or enrolled in private or public insurance plans at the time of services
- Has applied for Medicaid/SoonerCare but did not qualify for benefits

Payment Assistance Program

To be eligible for consideration:

The family does not qualify for the Charity Care Program

Documentation needed for both programs:

- Copy of the most recent family tax return
- Copies of the previous month's receipts for all liabilities listed on the application

All completed applications are to be reviewed within 45 days of receipt and guarantor notified of the review decision.

To determine Charity Care or Payment Assistance

Using the most current IRS statement received

Determine the following:

What is the total family adjusted income?

Note: Dependents are considered those members living in the household and are claimed as an exception on the family's IRS statement

How many dependents?

Using the Financial Assistance table

Determine the "grade" the family's income and number of dependents qualify

For example: A family of three (3) with a total adjusted income between \$39601.00 and \$40200.00 would qualify as a grade 6.

Determine the total amount due based on the guarantor

Using the amount owed and grade previously calculated

Determine the amount of discount

For example: The amount owed is \$1200 and the family qualified as a grade 6, the eligible discount is 50% of the total amount owed.

Notify the guarantor of the eligible discount using the Charity Care/Payment Assistance Program acceptance letter.

Each guarantor must then comply with the payment policy in order for the discount to be honored.

Weatherford Regional Hospital Financial Assistance Table

FAMILY INCOME at least	maximum	NUMBER OF DEPENDENTS					
		1	2	3	4	5	6 or more
		GRADES					
0	14,700	1	1	1	1	1	1
14,701	17,150	2	1	1	1	1	1
17,151	18,620	5	1	1	1	1	1
18,621	24,500	7	1	1	1	1	1
24,501	27,600	8	2	2	1	1	1
27,601	29,400	9	5	2	1	1	1
29,401	33,900	10	7	3	1	1	1
33,901	37,050	11	8	4	1	1	1
37,051	39,600	11	9	5	2	1	1
39,601	40,200	11	10	6	3	1	1
40,201	43,350	11	11	7	4	1	1
43,351	46,500	11	11	8	5	2	2
46,501	49,800	11	11	9	6	3	3
49,801	52,800	11	11	10	7	4	3
52,801	55,950	11	11	11	8	5	4
55,951	59,100	11	11	11	9	6	4
59,101	60,000	11	11	11	10	7	5
60,001	62,250	11	11	11	11	8	5
62,251	65,400	11	11	11	11	8	6
65,401	68,550	11	11	11	11	9	7
68,551	70,200	11	11	11	11	10	8
70,201	74,850	11	11	11	11	11	9
74,851	78,000	11	11	11	11	11	10
78,001	80,400	11	11	11	11	11	10

PATIENT BALANCE at least	maximum	GRADES										
		1	2	3	4	5	6	7	8	9	10	11
0	5,000	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
5,001	30,000	100%	95%	85%	75%	65%	55%	45%	35%	25%	15%	0%
30,000	higher	100%	100%	90%	80%	70%	60%	50%	40%	10%	20%	0%