

**SOUTHEASTERN REGIONAL MEDICAL CENTER  
PATIENT FINANCIAL SERVICES**

**TITLE:** FINANCIAL ASSISTANCE

**PURPOSE:** To establish a policy and procedure to provide relief for medical expenses incurred by patients and families of patients who do not have the financial resources to pay for their medical care.

- PROCEDURE:**
1. The Patient Financial Services (PFS) will be responsible for adhering to this procedure during the normal course of daily work activities.
  2. The Director of PFS or designee will be responsible for communicating with the staff any and all changes made to this policy.
  3. Southeastern Regional Medical Center will offer Financial Assistance adjustments to families who meet the Charity Care Guidelines (see attached) as approved by the Board of Directors.
  4. Family size and the Income Poverty Guidelines, published annually by the Department of Health and Human Services, will be used as Financial Assistance Guidelines by Southeastern Regional Medical Center to determine eligibility.
  5. Applications for Financial Assistance should be complete and accurate and include verifiable proof of household income and/or assets (i.e. W-2 forms, tax returns, payroll check stubs, statements from employers, deeds, tax records, etc).
  6. The household will be designated as any person living in the same residence for the purpose of shelter, Regardless of relationship status.
  7. All other avenues to obtain financial assistance and third party payments must be exhausted prior to receiving *SRMC* Financial Assistance consideration.
  8. Financial Assistance adjustments will only apply to the remaining balance after all insurance and third party payments have been applied.
  9. Financial Assistance applications may be accepted and considered for inpatient and outpatient services only, elective and cosmetic services will not be considered.

10. The following sliding scale will be used in determining the eligibility of an applicant for Financial Assistance:

**FINANCIAL ASSISTANCE ADJUSTMENT CHART FOR INCOMES OVER 100% of Federal Poverty Guidelines**

<b>ACTUAL % OF POVERTY</b>	<b>PATIENT LIABILITY % OF CHARGES</b>	<b>= LESSER OF OR</b>	<b>THE % OF INCOME</b>
101 - 140%	10%		8%
141 - 180%	12%		9%
181 - 220%	15%		10%
221 - 260%	25%		15%
261 - 300%	30%		20%

11. Patients are expected to pay the remaining balance on their account that would not be eligible for Financial Assistance adjustment(s). Patients who fail to pay their remaining balance will become delinquent and be subject to normal collection procedures. The patient responsibility portion must be remitted before the Financial Assistance deduction will be posted to the patient's account.
12. Any applicant that has been denied either partially or fully may provide additional information and have their application reconsidered.
13. Once an applicant has been approved for Financial Assistance, all accounts held by the patient within the past three (3) years may be included in the charity care determination.
14. Any patient, approved for a Financial Assistance adjustment, who requires future services, will be re-evaluated for eligibility at the time services are rendered.
15. Financial Assistance applications and documentation will be kept on file for ninety (90) days after *Financial Assistance* adjustment approval.
16. The applicant's home site (including house and one (1) acre of land) may be exempt from inclusion of assets. Any additional real and personal property may be used in the evaluation to determine the adjustment.
17. The patient's assets, unusual expenses (including expenses incurred due to catastrophic loss), and the dollar amount of any additional medical bills will also be taken into consideration.

18. The balance of all liquid assets will also be factored in when determining the amount of the Financial Assistance adjustment. It is the responsibility of the applicant to provide adequate documentation of such liquid assets to include checking account(s), savings account(s), stocks, bonds, I.R.A., etc.
19. Southeastern Regional Medical Center reserves the right to reverse any and all adjustments for uncompensated services provided by the Financial Assistance Policy if the information provided on the application is determined to be falsified or if proof that the applicant has received compensation for services from another source is obtained.

**APPROVED BY:**

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Director  
Patient Financial Services

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C. Thomas Johnson, III  
Vice President, Finance

Date Implemented:

<u>03/01/06</u>	<u>07/12/07</u>	<u>03/02/09</u>	_____	_____	_____
_____	_____	_____	_____	_____	_____