

**Scope**

Patient Financial Services staff

**Policy**

OrthoIndy Hospital (“Hospital”) is dedicated to serving the health care needs of the community. The Financial Assistance Program has been established to provide financial relief to those who are unable to meet their financial obligation to the Hospital.

**Procedure**

A. Eligibility: Patient eligibility will be determined based on the following information:

1. Any inpatient or outpatient account is eligible for financial assistance. The Hospital may choose to discontinue collection activity and consider financial assistance or full charity if:
  - a. The patient/guarantor is financially unable to pay the account.
  - b. The patient/guarantor is not eligible for public assistance.
  - c. The patient has an income less than or equal to 200 percent of the federal poverty level. These identified patients will receive 100 percent charity write off.
  - d. Patients with an income of 225 percent above the federal poverty level not to exceed 300 percent will receive a sliding scale discount on the patient financial responsibility balance.
  - e. A patient eligible for a sliding scale discount will not be charged more than the calculated AGB (amount generally billed) charges.
2. The patient/guarantor must complete an application which includes:
  - a. Income from all sources, listing gross income for the most recent three-month period.
  - b. Resources from savings and checking accounts, certificates of deposit, stocks, bonds, real estate, etc.
  - c. Assets including home, cars, boats and any other vehicles.
  - d. Monthly expenses and number of dependents.
    - i. Copies of paychecks or a letter from the employer(s) indicating members of the household receiving income for the previous three months. Copies of previous years federal and state income tax filing.
  - e. All third party resources and non-hospital financial aid programs, including public assistance available through Medicaid, must be exhausted before financial assistance/charity benefits can be granted.
3. If the patient is reluctant or unable to provide the documentation listed in 2b above then the Hospital may use other reasonable methods for determining financial need, including documented patient interviews or questionnaires.

B. Program Administration: The Hospital Financial Assistance program will be administered according to the following guidelines:

1. After reviewing the application and income and expense information, Patient Financial Services personnel will determine if the patient/guarantor qualifies for financial assistance benefits based on the AGB Calculation Worksheet.
2. If the patient/guarantor qualifies for financial assistance, he/she will be notified and the account will be adjusted per procedures.
3. Falsification of application or refusal to cooperate will result in denial of financial assistance.
4. Hospital reserves the right to change benefit determination if financial circumstances have changed.
5. Financial assistance may be granted to deceased patients when there is no estate.
6. Financial assistance write-off guidelines:

200% of current Federal Poverty Guidelines	100% Write-Off of Account
201% - 225%	80% Write-Off of Account
226% - 250%	60% Write-Off of Account
251% - 275%	40% Write-Off of Account
276% - 300%	20% Write-Off of Account