



Effective: 3/2/2016  
Approved: 8/16/2019  
Last Revised: 8/16/2019  
Expires: 8/15/2020  
Policy Area: Business Office

## Financial Assistance Policy

### Purpose

This policy sets forth guidelines for the application and approval process of the Hospital Financial Assistance Policy. This policy applies to patients of Greene County General Hospital, My Clinics, and TeamOrtho.

### Policy

Greene County General Hospital desires to assist qualified patients in providing needed care when they are unable to pay for that care.

### Procedure

1. Definitions:

- A. **Bad Debt** - Claims arising from rendering patient care services that Greene County General Hospital, using sound credit collection practices, determines to be collectible when it is believed that the person has the ability to pay.
- B. **Patient Income** - Includes but is not limited to salary, wages, pension from all sources; annuities; veterans benefits; social security payments; income from non-farm or farm self employment; income from personally owned business or from an owned or rented business; railroad retirement; unemployment compensation; worker's compensation; strike benefits; public assistance; HCI; training stipends; alimony; child support; military family allotment; income dividends; interest; rent or royalties.
- C. **Financial Assistance** - Needed uncompensated care to those unable to pay for their services
  - 1. Financial Assistance does not include:
    - a. Government Allowances- the difference between government payments and billed charges.
    - b. Other contracted discounts below billed charges.
    - c. Care a PRO determines to be unnecessary or inappropriate.
    - d. Greene County General Hospital employee benefits.
    - e. Care to those unwilling but able to pay (bad debts).
    - f. Care to those unable to pay that is paid by others.

- D. Persons eligible to apply for financial assistance:

1. Single Parents.
2. Unemployed.
3. Anyone aged 18 or over.
4. Uninsured whether employed or unemployed.
5. Those with significant deductibles or insurance provisions.
6. Low income families or individuals who do not qualify for financial assistance from other programs.
7. Transients.
8. Others who indicate inability to pay for care.

## 2. Procedures:

### A. Application Process

1. A Financial Assessment Statement (Financial Assistance Application-see attachment to this policy) for the financial assistance program will be given to any eligible person. It is to be completed and submitted to the Business Office. Assistance in doing so will be given to those who request assistance.
2. The application will be reviewed and the information verified before financial assistance is determined.
3. The patient (or legal representative, if a minor or incapacitated) is responsible for providing information necessary to determine income level.
4. Factors considered in determining the applicant's ability to pay include the following:
  - a. Health insurance coverage.
  - b. Personal, family, and household income.
  - c. Size of the applicant's dependent family.
  - d. Financial Obligation of the applicant, family or household.
  - e. Local or State government standards uses for determining aid to Families with Dependent Children.
5. Review of Assets
  - a. Factors that may be considered in determining the applicant's financial resources include the following:
    - i. A Home, and/or related land, or a mobile home.
    - ii. Household or personal possessions.
    - iii. Number of vehicles, and value.
    - iv. Liquid assets, including cash, cash value of life insurance and market value of personal property.
    - v. Other tangible or intangible property of reasonable value used in the production of income.

### B. Approval Process

1. Each application is reviewed for completeness.
2. All information necessary is verified.

3. Recommendations for Financial Assistance are made with the following levels of approval authority.
  - a. Chief Financial Officer.....\$0 - \$2,000
  - b. Chief Executive Officer..... > \$2,000
4. Each applicant is advised promptly in writing of the financial assistance approval or denial. Appeal of the decision will be permitted only on the basis of newly occurring information.

### 3. Financial Approval Guidelines

#### A. See attached schedule (attached to this policy)

1. The annual gross income figures used to determine eligibility for financial assistance will be at least three (3) month's income multiplied by four.
2. An exception to this may be made, if in the opinion of the Chief Financial Officer, the three month income is not reflective of the applicant's true ability or inability to meet his/her obligation. In this event, the income figures used will be that which is most reflective of the applicants true ability or inability to meet his/her obligation.
3. Current charges and related charges incurred by the patient within the four (4) month period from the date of the first statement to the date of written application for financial assistance will constitute the balance due. The decision to include additional months due to unusual circumstances will be made by the Chief Financial Officer.
4. The determined percentage of financial assistance will remain effective for subsequent visits up to three (3) months after the date financial assistance was granted. Additional three (3) month periods may be approved for assistance upon re-certification of financial eligibility.
5. Patients seen in an office visit setting and approved for financial assistance will only pay a nominal flat fee for that particular service.

B. An individual whose annual gross income exceeds 200% of the current Poverty Income Guidelines published in the Federal Register will be excluded from consideration for charity unless, in the opinion of the Chief Financial Officer, unusual circumstances exist. In the event, the decision to grant or deny will be made by the Chief Executive Officer.

C. In the event an individual has liquid assets, i.e., savings accounts, CDs, etc., sufficient to satisfy her/her obligation, the decision to grant or deny will be made by the Chief Financial Officer.

D. Individuals who wish to apply for financial assistance must complete and submit a Financial Assistance Application within thirty (30) days from the date the account was billed or becomes self pay, whichever occurs later, unless, in the opinion of the Chief Financial Officer, unusual circumstances exist. In the event, the decision to grant or deny will be based on the financial information provided.

E. The following situations will exclude an individual from eligibility for financial assistance:

1. An individual's failure to apply for outside assistance, or failure to provide information which would lead to the discovery of the availability of outside assistance, i.e., Medicaid, Township Trustee, may be made, if in the opinion of the Chief Financial Officer, extenuating circumstances exist.
2. A non-resident alien, present in this country under a visa which requires a statement that the alien is fully capable of self support, including medical services.
3. An individual's failure to meet requirements imposed on conditional approval with the prescribed time frames or within thirty (30) days of notification of the requirements, whichever occurs later.

# Revisions prior to PolicyStat

Original: Approved Date: 12/9/1994

Effective Date: 1/1/1995

Revised: 03/09/2012, January 2016

## Attachments:

[2019 Financial Assistance Guidelines.xlsx](#)  
[Financial Assistance Application](#)

## Approval Signatures

Approver	Date
Brenda Reetz: Chief Executive Officer	8/16/2019
Kristin Crynes: Executive Director of Nursing	4/24/2019
April Settles: CFO	4/24/2019

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