

# GEORGE E. WEEMS MEMORIAL HOSPITAL

## Charity Care Policy & Procedure

### POLICY:

The purpose of this policy is to establish guidelines and procedures for identifying patients who are underinsured or uninsured and who are unable to pay for some or all of their healthcare services due to genuine financial need. Patients who do not have sufficient third party payer coverage, are not eligible for Medicaid or any other funded program, and who are unable to pay for services will be considered for indigent / charity care. Patients or the patient's guarantor are required to provide documentation to qualify for financial assistance. This designation requires that the patient/guarantor not have sufficient income or assets with which to pay for care. Patients or their guarantors are expected to assist with all such efforts to obtain third-party payments. WMH will not discriminate against any patient with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, disability, or ability to pay.

### Procedure:

1. Before an application for Financial Assistance can be considered, the patient / guarantor must apply for Medicaid and present a denial letter with the application.
2. An application for Financial Assistance will be completed with all financial and social information and submitted to the Patient Financial Counselor for review.
3. Documents required:
  - a) Medicaid denial letter
  - b) Last year's tax returns
  - c) Proof of income
    - If working, the last two paycheck stubs
    - If unemployed and receiving unemployment check, provide check stub or unemployment compensation determination letter
    - If income is from a retirement fund, pension, rental property, etc. provide proof of the source and amount of income received.
    - If income has changed since last tax return, provide a written explanation.
    - Proof of disability / physician's work order restriction, if applicable
    - Rent or mortgage payment receipt for one month

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- Utility bills: gas, electric, water and sewage
4. After review, the completed application will be approved or denied.
  5. Approval is determined on a sliding scale methodology, based on the current year Federal Poverty Guideline as established in FAC 64F-16 (154.011(c)(1), 154.011(c)(7).
  6. The financial application is valid for 6 months after review.

The PFS Director and the Chief Financial Officer will review and approve accounts using the most recent annual HHS Poverty Guidelines prior to requesting a charity write-off of Accounts Receivable.

The hospital or PFS department reserves the right to grant approval for charity care based on extraordinary circumstances on a case-by-case basis.