

SAMPSON REGIONAL MEDICAL CENTER

607 Beaman Street
Clinton, NC 28329

Financial Assistance Guidelines Policy and Procedure

1. Objective
 - a. To define Charity Care, as distinguished from bad debts, and to establish policies and procedures to ensure consistent identification and recording of Charity Care.
2. Definition
 - a. Charity Care represents health care services that are provided but cannot be expected to result in cash flow. Charity Care results from a determination of a patient's ability to pay, not their willingness to pay.
 - b. Charity Care will only be considered for:
 - i. residents of Sampson County, North Carolina,
 - ii. out of county residents who arrive at SRMC's Emergency Department by ambulance,
 - iii. out of county residents who are referred to SRMC for inpatient or outpatient services by an active member of the SRMC medical staff.
 - c. Charity Care will not be available to patients and patients' families when group health insurance is offered by the employer and declined.
3. These guidelines shall apply to all services provided by Sampson Regional Medical Center including, but not limited to, the Hospital, Skilled Nursing Unit, Home Health, the Oncology Center, Outpatient Diagnostic Center, and all Hospital-owned practices.
4. Policy
 - a. The determination of Charity Care should be made at admission or at time of service or shortly thereafter.
 - i. Events after admission could change a person's ability to pay, making retrospective determination possible.
 - b. Designation of Charity Care will only be considered after all other resources have been exhausted.
 - i. This includes making application for applicable insurances including, but not limited to, Medicare, Medical Assistance, and any liability insurance.
 - c. Only the portion of a patient's account that meets the definition of Charity Care is to be recognized as such.
 - d. Transactions for Charity Care will be posted in the month the determination is made.
 - e. The following balances do not qualify for Charity Care allowances:
 - i. Wellness Center Services
 - ii. Balances not routinely covered as medically necessary (such as cosmetic surgery)
 - iii. Medicare and Medical Assistance deductibles, coinsurance, and co-pays.
5. Criteria to be considered in determining eligibility for Charity Care may include, but are not limited to:
 - a. The patient's gross family income should be within the Federal Poverty Guidelines (FPG) or a function thereof.

- i. A family is determined by number of dependents claimed on the prior year's Federal Income Tax return.
- b. The patient's family net worth and liquidity.
- c. The patient's employment status and capacity for future earnings.
- d. Other living expenses and financial obligations.
- e. The previous exhaustion of all other available resources.
- f. Catastrophic illness where the medical bills exceed the family's annual gross income.
- g. Statutory regulations by the state.
- h. The Charity Advisor Status from SearchAmerica.

6. Procedure

- a. Patients should complete a Financial Assistance Request (exhibit 1) prior to, during or immediately after receiving services. Forms will be available at all locations. Applications for hospital services will be processed by the Business Office, located at 612 Beaman Street (910-592-8511, ext 8417). Applications for physician practices will be processed by Practice Management, located at 522 Beaman Street (910-596-5424).
 - i. Patient's family net assets will be considered and evaluated for payment in catastrophic and non-catastrophic cases.
 - ii. For Emergency Department Patients, if SearchAmerica determines that a patient qualifies for Charity Care based on the Federal Poverty Level (FPL), it is not necessary to complete the Financial Assistance Request (exhibit 1); the printout from SearchAmerica will serve as the application for Charity Care.
 - iii. Emergency Department Patients deemed eligible from SearchAmerica will qualify for non-catastrophic Charity Care (section 5b).
 - iv. Patients receiving financial assistance based on SearchAmerica scores will still receive a bill and/or statement with their original balance.
- b. Non-catastrophic Charity Care will be based on the Federal Poverty Guidelines (exhibit 2).
 - i. If patient's family income is at or below 125% of FPG, they will receive 100% Charity Care allowance.
 - ii. If patient's family income is between 126% and 250% of FPG, they will receive reduced Charity Care per exhibit 2.
- c. Catastrophic Charity Care will be considered when the medical bills exceed the family's annual gross income.
 - i. Patient's family net assets will be considered and evaluated for payment in catastrophic cases.
 - ii. If no reasonable payment can be made within a 5-year period considering net assets, the 250% of FPG guidelines will be considered (per exhibit 2).
 - 1. If patient's family income is at or below 250% of FPG, they will receive 100% Charity Care allowance.
 - 2. If patient's family income is between 251% and 400% of FPG, they will receive reduced Charity Care per exhibit 2.
- d. Exceptions to this policy may be made by Administration on a case-by-case basis.

**SAMPSON REGIONAL MEDICAL CENTER
Financial Assistance Request**

Comments / Reason for Request:

Requirements:

- Must be a Sampson county resident
- Must not have declined Health Insurance
- Must not be on Medicare or Medicare HMO Plan

The following information must be attached to the Financial Assistance Request:

- Copy of your most recent tax return, including W-2 earnings form(s);
- Copy of last 2 pay stubs;
- Written verification of any other income received, including child support, Social Security, alimony, unemployment, assistance from relatives / friends, etc. If none, please state this on the comments line above.
- Copy of Medicaid denial letter from the Department of Social Services.

Mail all documents to:

Sampson Regional Medical Center
P O Box 258
Attention: Business Office
Clinton, NC 28328

I hereby acknowledge that the above information is true and accurate to the best of my knowledge.

I further grant the Health System authorization to verify any or all information given, and also authorize a consumer credit report if necessary.

Patient/guarantor #1-signature

Date

Patient/guarantor #2-signature

Date