GENERAL STATEMENT OF POLICY

Brooks Memorial Hospital has a long tradition of providing effective stewardship for the health care needs of the community and visitors in our service area. It is the policy of Brooks Memorial Hospital to provide these services regardless of race, creed, sex, national origin, age, handicap, ability to pay, or any other classification or characteristic. Based on this mission Brooks Memorial Hospital is establishing a “Financial Assistance” policy to address the health care needs of those individuals who can demonstrate an inability to pay full charges for “Medically Necessary” services, as defined in this policy. Brooks Memorial Hospital is establishing this policy and detailed guidelines in compliance with Federal, State, and Local laws and regulations, JCAHO requirements, and other third party contractual obligations and to insure the continued financial viability of the organization. If any law, regulation or contractual obligation is enacted and/or changed subsequent to the effective date of this policy and that change would result in greater “Financial Assistance” to the “patient”, those provisions will be considered as part of this policy as of the effective date of that change. This policy shall provide “Financial Assistance” for emergency hospital services, including emergency transfers pursuant to the federal Emergency Medical Treatment and Active Labor Act (42 USC 1395dd), for patients who reside in New York State and for “medically necessary” services for patients in the “primary service area” of Brooks Memorial Hospital. “Patients” who do not meet these residency requirements can apply for “financial assistance” and the eligibility determination will be made on a case by case basis. This policy addresses only the facility charges for services rendered at Brooks Memorial Hospital by Brooks Memorial Hospital employees. This policy does NOT apply to any physician, independent individual or agency rendering services to the “Patient” in conjunction with the services provided, while a “Patient” at Brooks Memorial Hospital. The reduction or discounting of insurance co-payments and deductibles will be considered under this policy for those individuals who can demonstrate an inability to pay such amounts.

Brooks Memorial Hospital recognizes the request for “Financial Assistance” may be a sensitive and deeply personal issue. The confidentiality of information and preservation of individual dignity shall be maintained for all who seek “Financial Assistance”.

For those “Patients” who meet the eligibility guidelines of this policy the “Medically Necessary” services will be provided with no or a reduced expectation of reimbursement from the “Patient” based upon the established criteria of this policy. To be considered for “Financial Assistance” under this policy it is incumbent upon the “Patient” to cooperate with Brooks Memorial Hospital by providing all the necessary information and documentation to apply for other existing “External Financial Resources” and to determine the level of eligibility for Brooks Memorial Hospital “Financial Assistance”. Failure to provide the necessary documentation or failure to apply for “External Financial Resources” as directed by Brooks Memorial Hospital may result in the denial of the “Financial Assistance” application. Brooks Memorial Hospital reserves the right to initiate a financial assistance determination for patients who are deceased, incapacitated, refuse to co-operate, or for any other reason can not complete an application. An examination,
including credit reporting, of these patients ability to make payments will be made and the level of financial assistance will be determined based on the information acquired. There is no time limitation for the submission of a “Financial Assistance” application. All open self pay balances may be considered for this policy. This policy will NOT apply to any account paid in full prior to the application for “Financial Assistance”. If any account under consideration for “Financial Assistance” has had patient payments or deposits made as required by Brooks Memorial Hospital prior to the rendering of the medical services, those payments will be retroactively refunded if they exceed the total patient responsibility as calculated under the financial assistance guidelines, if “Financial Assistance” is approved. When the “Patient” has been notified of the decision for “Financial Assistance” and the “Patient” feels there are extenuating circumstances, which could alter that decision, the “Patient” may file an appeal, per the appeal guidelines specified in this policy. If a determination of “Financial Assistance” has previously been made and the “Patient’s” financial situation has changed, a reassessment may be requested by the “Patient” or Brooks Memorial Hospital to reevaluate the level of “Financial Assistance” required.

For all “Patients” determined to have the financial ability to pay for all or some of the services rendered to them, Brooks Memorial Hospital expects them to meet their financial obligations in a timely and efficient manner, in accordance with the institutions collection policies.

Brooks Memorial Hospital with written and express authorization from the “Patient” will make available our determination of the need for “Financial Assistance” to other providers of health care for the specific episode of care, in an effort to contribute to the financial well being of the “Patient”.

**SCOPE**

This policy and procedure has hospital wide application.

**ADMINISTRATION**

This policy and procedure will be administered by the Director of Patient Financial Services and the Credit/Collection Supervisor.

**DEFINITIONS:**
The following is a definition of terms as used in this policy for the specific purpose of this policy only.

“Patient” - the individual who received health care services at Brooks Memorial Hospital, the parent(s) of a minor child who received health care services at Brooks Memorial Hospital, the legal guardian of a patient who received health care services at Brooks Memorial Hospital, an individual having a power of attorney to handle the financial affairs of an individual who received health care services at Brooks Memorial Hospital or the executor of an estate for an individual who received health care services at Brooks Memorial Hospital.

“Financial Assistance” – the desire to provide quality health care to the community that will result in uncompensated care and prevent any person from having a fear of receiving a hospital bill for “Medically Necessary” health care services for which they can not contribute all or some part of their responsibility. A stewardship of the nature and mission of a non-profit hospital, frequently referred to as Charity Care.

“Medically Necessary” – a health care service that is reasonably expected to prevent, diagnose,
prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause pain or suffering, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity. Medically necessary services shall include inpatient and outpatient services as mandated under Title XVIII and XIX of the Federal Social Security Act. Medically necessary services shall NOT include: (A) non-medical services such as: social, educational, and vocational services; (B) cosmetic surgery, cancelled or missed appointments; (C) research or the provision of experimental or unproven procedures; (D) telephone conversations and consultations; (E) elective procedures, (F) convenience items such as telephone and television. Additionally, for patients not residing in the primary service area or secondary service area of Brooks Memorial Hospital, these services must be of an emergent/urgent nature.

"External Financial Resources" – Governmental or Private sources of funding to pay for "Medically Necessary" health care services, which do NOT make use of any cash, assets, or property of the “Patient” or Brooks Memorial Hospital.

"Primary Service Area" – Brooks Memorial Hospital is located in the City of Dunkirk in Northern Chautauqua County. The Hospital’s primary service area includes Chautauqua, Erie, and Cattaraugus counties.

PROCEDURE

(A) Publication in Brooks Memorial Hospital *

Posters - The availability of Financial Assistance will be advertised on posters located in admissions, outpatient registration, emergency room, switchboard, business office, and the main lobby.

Brochures – Brochures describing the Financial Assistance policy will be on display and available in admissions, outpatient registration, emergency room, switchboard, business office, and the main lobby.

* all publications will be available in English and Spanish.

A copy of the Financial Assistance Policy may be obtained by contacting a Financial Counselor in the Business Office or calling 716-363-7219.

(B) Publication of the Financial Assistance Program outside of Brooks Memorial Hospital *

Newspaper – Brooks Memorial Hospital will provide information annually regarding the Financial Assistance program to the local newspaper for publication in the general circulation at the discretion of the newspaper. The notice shall include the types of services that may qualify and criteria used to make eligibility determinations. The notice shall encourage any individual anticipating the need for health care services to apply for Financial Assistance prior to the health care services being rendered.

Broadcasting – Brooks Memorial Hospital will provide information annually regarding the Financial Assistance program to the local radio station for announcement as a public service at the discretion of the radio station. The notice shall include the types of services that may qualify and criteria used to make eligibility determinations. The notice shall encourage any
individual anticipating the need for health care services to apply for Financial Assistance prior to the health care services being rendered.

Community Organizations - Brooks Memorial Hospital will provide information regarding the Financial Assistance program to any local community service organization for distribution at the request of that organization. The notice shall include the types of services that may qualify and criteria used to make eligibility determinations. The notice shall encourage any individual anticipating the need for health care services to apply for Financial Assistance prior to the health care services being rendered. Examples of these organizations are: the Citizens Advisory Committee, Chamber of Commerce, Rotary, religious organizations, and any organization providing support to the needy/homeless population.

* information will be provided to these organizations in English and Spanish.

(C) Notification to individual patients

Patient notification inside Brooks Memorial Hospital – all self pay patients will receive a written notice (brochure) during any pre-admission, admission, or registration process. The patient will be requested to initial the “Patient Authorization and Release Statements” form indicating the information has been received. If the contact is via telephone the information will be mailed to the patient upon request.

Patient notification on statements – each statement sent to patients will include a message indicating the availability of the Financial Assistance program and a contact number to obtain additional information or an application.

(D) Financial Counseling –

Brooks Memorial Hospital will provide financial counselors from the Patient Financial Services Department to assist the patient in the completion of all applications to external financial assistance programs and the application for the Brooks Memorial Hospital Financial Assistance program. The Brooks Memorial Hospital Social Services Department is also, available to assist the patient throughout the application process to programs such as Medicaid. Contact numbers will be included in all publications.

(E) Translation Services –

Brooks Memorial Hospital will provide certified telephonic translation services to any patient who may require the service.

(F) Initial Application Procedure for the Patient

(1) Obtain the Financial Assistance program application from admissions, outpatient registration, emergency room, switchboard, business office, or social services departments.
(2) Complete the application as soon as possible and obtain copies of all information and documentation as instructed on the application.
(3) Contact the financial counselor at the telephone number on the application for an appointment to submit your application for review, or come into the Business Office located to the left of the Cashier Window in the main lobby of Brooks Memorial
Hospital. It is recommended that an appointment be made to avoid waiting, should the financial counselor be unavailable due to prior commitments with other patients.

(4) The financial counselor will review the application for completeness and prescreen the application to determine if any external financial resources may be applicable.

(5) If the Financial Counselor determines that external financial resources may be applicable, the Financial Counselor will provide the patient with the necessary applications and procedures to apply for these programs. The Financial Counselor will assist the patient in completing the forms if requested to do so. The Financial Counselor will also refer the patient to the Chautauqua County Health Network to be put in contact with a Facilitated Enroller to assist in the enrollment process at 1-888-753-7315.

(6) If the Financial Counselor determines that no other external program is feasible the application will be submitted for review and determination.

(7) If applications for external financial resources are warranted, the patient must apply and follow through with all requirements in a timely and efficient manner. The patient must provide Brooks Memorial Hospital with copies of all documentation from the external programs determination of eligibility.

(8) When the documentation from the external program(s) is received the Brooks Memorial Hospital Financial Assistance Application will be submitted for review and determination.

(G) Request for reevaluation of Financial Assistance.

(1) Request by the patient – contact the Financial Counselor at the number found on the original application and request a new Financial Assistance Application. Clearly mark “REEVALUATION” on the top of the Financial Assistance Application. Complete the application in its entirety. Submit the application and all supporting documentation to the Financial Counselor. The Financial Counselor will then follow steps 4 through 8 of the initial application procedure.

(2) Request by Brooks Memorial Hospital – if Brooks Memorial Hospital becomes aware of any change in the financial status of the patient; Brooks Memorial Hospital has the right to request that the patient reapply for Financial Assistance by following all steps of the initial application procedure.

(H) Determination and Notification of Financial Assistance eligibility

Brooks Memorial Hospital will verify all information and documentation provided with the application, including credit reports and reference checks at the discretion of Brooks Memorial Hospital. Brooks Memorial Hospital will make the determination in accordance with the guidelines of the Financial Assistance Policy and notify the patient in writing in a timely and efficient manner, no later than 30 days from the date the application is deemed complete, all supporting information and documentation is received, and all supporting documentation from external financial aid resources has been received.

(I) Appeals Process

Upon receipt of the determination letter from Brooks Memorial Hospital the patient has the right to appeal the results of the decision. To do this the patient must contact the Financial Counselor at the telephone number on the determination letter and notify Brooks Memorial Hospital that they are appealing the decision. The patient must then submit a written request to Brooks Memorial Hospital stating the extenuating circumstances for the appeal and attaching all relevant documentation to support the appeal. The original Financial Assistance decision is based on the original application, supporting documentation, and the objective guidelines in this policy. Therefore, unless new relevant information documenting the need for additional assistance is presented, the appeal will be denied. All appeals must be submitted within thirty (30) days of the date the Financial Assistance notification was
mailed. The determination letter will include information concerning the right of the patient to appeal the decision.

(J) Billing/Collection Efforts

Brooks Memorial Hospital will send monthly bills/statements to the patient. These will serve as a reminder and a communication vehicle to notify the patient of the status of their account. While the account is in the application process no payment is expected from the patient. All collection efforts will be suspended during the application process. If the patient has been requested to apply for “External Financial Assistance” and Brooks Memorial Hospital has not received timely communications from the patient that the applications have been completed, Brooks Memorial Hospital reserves the right to restart the normal collection process. This policy and procedure shall not permit the forced sale or foreclosure of a patient’s primary residence in order to collect an outstanding medical bill and shall require the hospital to refrain from sending an account to collection if the patient has submitted a completed application for financial aid, including any required supporting documentation, while the hospital determines the patient’s eligibility for such aid. Such policies and procedures shall provide for written notification, which shall include notification on a patient bill, to a patient not less than thirty days prior to the referral of debts for collection and shall require that the collection agency obtain the hospital’s written consent prior to commencing a legal action.

(K) Consequences of the patient non-compliance with this policy

Any patient who does not initiate a Financial Assistance application, fails to follow through with the applications for external financial assistance programs in a timely and efficient manner, if following the Financial Assistance decision the patient has a balance due and fails to make a timely payment, fails to make payment arrangements for any balances due, or fails to make timely payments on a payment arrangement will be subject to the Bad Debt Collection Policies of Brooks Memorial Hospital. Resulting consequences could include but are not limited to, such actions as: notification of a delinquent debt to a credit reporting bureau(s), garnishment of wages, referral to a collection agency, or any other legal action deemed appropriate.

(L) Effective period of the determination

The Financial Assistance decision will remain in effect for a period of six (6) months from the date of the Financial Assistance decision for all encounters for covered health care services rendered by Brooks Memorial Hospital. At any time the patient has the right to request a reevaluation.

Training

(A) Brooks Memorial Hospital Board of Directors and Executive Management -
will review and approve this policy.

(B) Brooks Memorial Hospital Clinical/Support Staff -
The staff will be in-serviced annually on the elements of the policy at department staff meetings.

(C) Brooks Memorial Hospital Patient Financial Services Staff -
detailed training will be conducted annually and new staff will be trained during departmental orientation.

(D) Collection Agency Staff -
The representative of the agency will be trained annually on the Financial Assistance Program and be provided with copies of the policy and brochures. The representative
will be responsible for the training of the staff of the agency and will document the training activity and forward that documentation to the Director of Patient Financial Services.

**Monitoring and Reporting**

(A) A Financial Assistance log from which periodic reports can be developed shall be maintained aside from any other required financial statements.

(B) The cost of Financial Assistance will be reported annually in the Community Benefit Report.

(C) All applications will be logged and tracked. This log will include date application received, date of approval/denial, external financial assistance recommendations, decision, and any other information deemed appropriate.

(D) Reports required to be submitted to the department by each general hospital as a condition for participation in the pools, and which contain, in accordance with applicable regulations, a certification from an independent certified public accountant or independent licensed public accountant or an attestation from a senior official of the hospital that the hospital is in compliance with conditions of participation in the pools, shall also contain, for reporting periods on and after January first, two thousand seven:

(i) a report on hospital costs incurred and uncollected amounts in providing services to eligible patients without insurance, including the amount of care provided for a nominal payment amount, during the period covered by the report;

(ii) hospital costs incurred and uncollected amounts for deductibles and coinsurance for eligible patients with insurance or other third-party payor coverage;

(iii) the number of patients, organized according to United States postal service zip code, who applied for financial assistance pursuant to the hospital’s financial assistance policy, and the number, organized according to United States postal service zip code, whose applications were approved and whose applications were denied;

(iv) the reimbursement received for indigent care from the pool established pursuant to the New York “financial assistance” legislation;

(v) the amount of funds that have been expended on charity care from charitable bequests made or trusts established for the purpose of providing financial assistance to patients who are eligible in accordance with the terms of such bequests or trusts;

(vi) for hospitals located in social services districts in which the district allows hospitals to assist patients with such applications, the number of applications for eligibility under title XIX of the social security act (Medicaid) that the hospital assisted patients in completing and the number denied and approved;

(vii) the hospital’s financial losses resulting from services provided under Medicaid;

(viii) the number of liens placed on the primary residences of patients through the collection process used by a hospital.

**FINANCIAL ASSISTANCE POLICY GUIDELINES**

(I) **Determination of Expected Payment based on Assets**

The use of significant assets to be taken into account in determining the amount a patient will pay for medical services will apply only to those patients whose income exceeds 150% of the Federal Poverty Guidelines. The next step will be to determine if a patient has any available assets, which can be used to satisfy outstanding medical expenses. Those total available assets will include, but not be limited to, assets identified as cash and those convertible to cash and unnecessary for the patient’s normal living expenses. The patient’s total assets to be considered for payment will be expected to be applied to the medical services based on the table that follows this paragraph. The remaining
medical expense balance will be discounted according to the patients eligibility determination in section (II). If the % of the Federal Poverty Income Guidelines is 300% or less the maximum amount of assets to be used for the payment of an individual account will not exceed the “highest volume payor”, as defined by New York State NYS Public Health Law Laws of 2006 Chapter 57 Section 2807-k Subdivision 9-a, amount for that account. Assets NOT included in this determination will be the: “Patients” residence, assets held in a tax-deferred or comparable retirement savings account, college savings accounts, or vehicles used regularly by a patient or immediate family members. Assets not under consideration as a source of available assets, such as, the primary residence are subject to any legal action that does not force the sale or foreclosure of such properties. The patients total available assets will be reduced according to the New York State Asset levels (listed below) to arrive at the total assets to be considered.

New York State Guidelines (these levels will be published by NYS annually)

<table>
<thead>
<tr>
<th>Household size</th>
<th>Asset Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$4,200</td>
</tr>
<tr>
<td>2</td>
<td>$5,400</td>
</tr>
<tr>
<td>3</td>
<td>$6,600</td>
</tr>
<tr>
<td>4</td>
<td>$6,650</td>
</tr>
<tr>
<td>5</td>
<td>$6,700</td>
</tr>
<tr>
<td>6</td>
<td>$6,800</td>
</tr>
<tr>
<td>7</td>
<td>$7,650</td>
</tr>
<tr>
<td>8</td>
<td>$8,500</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$ 850</td>
</tr>
</tbody>
</table>

Brooks Memorial Hospital

<table>
<thead>
<tr>
<th>Total assets considered</th>
<th>Expected % of assets to be used for payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $1,000</td>
<td>10%</td>
</tr>
<tr>
<td>$1,000 - $2,000</td>
<td>15%</td>
</tr>
<tr>
<td>$2,001 - $3,000</td>
<td>20%</td>
</tr>
<tr>
<td>$3,001 - $5,000</td>
<td>25%</td>
</tr>
<tr>
<td>$5,001 - $7,500</td>
<td>30%</td>
</tr>
<tr>
<td>$7,501 - $10,000</td>
<td>40%</td>
</tr>
<tr>
<td>$10,001 - $25,000</td>
<td>50%</td>
</tr>
<tr>
<td>$25,001 - no limit</td>
<td>60%</td>
</tr>
</tbody>
</table>

(II) Determination of Financial Assistance Amount

The maximum amount a “patient”, who qualifies for “Financial Assistance” under the guidelines of this policy, will be charged shall be calculated in accordance with the New York State NYS Public Health Law Laws of 2006 Chapter 57 Section 2807-k Subdivision 9-a law and associated regulations. Per New York State legislation the “Maximum Charge” for patients with income equal to or less than 300% of the Federal Poverty Guidelines is determined based on the higher of: Medicare rates, Medicaid rates, or rates paid by the highest volume commercial payor based on the type of service provided (a contracted payor with the highest claim volume for that level of service at Brooks Memorial Hospital in the prior year). All financial assistance for patients above 300% of the Federal Poverty Guidelines will be based on the Brooks Memorial Hospital rates in effect at the time of service. Patients with income equal to or less than 100% of the Federal Poverty Guidelines will be charged a “nominal payment amount” equal to or less than regulations as established by the Department of Health as provided by the NYS Public Health Law Laws of 2006 Chapter 57 Section 2807-k Subdivision 9-a.
(A) **Financial Assistance Income Level Adjustments**

The maximum charge amount as described above will be adjusted according to the Federal Poverty Guidelines income levels as follows:

0% to 100% of the FPL will be reduced to the lesser of the “nominal payment amount” or the maximum charge amount.

101% to 150% of the FPL will be reduced on a sliding scale not to exceed 20% of the maximum charge amount, but not less than the “nominal payment amount” unless the maximum charge amount is lower.

151% to 250% of the FPL will be reduced on a sliding scale increasing from the 20% to 100% of the maximum charge amount, but not less than the “nominal payment amount” unless the maximum charge amount is lower.

251% to 300% of the FPL the charge will be equal to the maximum charge amount.

301% to unlimited % will result in the Brooks Memorial Hospital standard charge amount for that service reduced by 25%, but not less than the maximum charge amount for that type of service.

(B) **New York State “Nominal Payment Amount” guidelines**

- Inpatient Services - $150 per discharge
- Ambulatory Surgery - $150 per procedure
- MRI testing - $150 per procedure
- Adult ER - $15 per visit
- Outpatient Services - $15 per visit
- Prenatal Services – no charge
- Pediatric ER Services – no charge
- Pediatric Outpatient Services – no charge

**Brooks Memorial Hospital “Nominal Payment Amount” guidelines**

- Inpatient Services - $50 per discharge
- Ambulatory Surgery - $50 per procedure
- MRI testing - $50 per procedure
- Adult ER - $15 per visit
- Outpatient Services - $15 per visit
- Prenatal Services – no charge
- Pediatric ER Services – no charge
- Pediatric Outpatient Services – no charge
III Determination based on Medical Indigence

This determination is for patients with catastrophic medical bills and the financial assistance as described in this policy does not adequately address the hardship/financial needs of the patient. These cases will be analyzed on a case-by-case basis to determine what level of payment can be reasonably expected and the remaining balance of the medical service charges will be adjusted off the balance of the account.

IV Payment Arrangements

The maximum payment amount will be 10% of the gross monthly income of the patient. The minimum acceptable monthly payment amount will be $25.00; unless $25.00 exceeds 10% of the gross monthly income of the patient. The maximum length of payments will be 24 months; unless, the monthly payment amount for 24 months would exceed the 10% of the gross monthly income of the patient limitation. Interest will not be charged on any unpaid balance over the term of repayment. If two consecutive monthly payments are missed Brooks Memorial Hospital reserves the right to terminate the payment arrangement agreement and begin bad debt collection procedures.

V Payments Received from Other Sources after Financial Assistance was Awarded

The financial assistance adjustments will be reversed by the amount of the payment received and all mandated reports will be adjusted accordingly.

REVISIONS

The Business Office Director and/or the Financial Supervisor is responsible for all revisions to this policy and procedure.

RELATED POLICIES/REFERENCES
6.21 Resources Available to Patients with Disabilities and Language Barriers

DEPARTMENTAL REVIEW & APPROVAL

|----------|--------|---------|---------|---------|---------|---------|
Attachment A. Federal Poverty Guidelines.

Federal Poverty Guidelines are issued annually by the Federal Government in the Federal Register.

The following website links to the HHS Poverty Guidelines, Measurement, and Research webpage, with links to the HHS poverty guidelines, and frequently asked questions.
http://aspe.hhs.gov/poverty/index.shtml

### 2009 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in Family or Household</th>
<th>48 Contiguous States and D.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830</td>
</tr>
<tr>
<td>2</td>
<td>14,570</td>
</tr>
<tr>
<td>3</td>
<td>18,310</td>
</tr>
<tr>
<td>4</td>
<td>22,050</td>
</tr>
<tr>
<td>5</td>
<td>25,790</td>
</tr>
<tr>
<td>6</td>
<td>29,530</td>
</tr>
<tr>
<td>7</td>
<td>33,270</td>
</tr>
<tr>
<td>8</td>
<td>37,010</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>3,740</td>
</tr>
</tbody>
</table>

**SOURCE:** Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201

### 2008 HHS Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in Family or Household</th>
<th>48 Contiguous States and D.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,400</td>
</tr>
<tr>
<td>2</td>
<td>14,000</td>
</tr>
<tr>
<td>3</td>
<td>17,600</td>
</tr>
<tr>
<td>4</td>
<td>21,200</td>
</tr>
<tr>
<td>5</td>
<td>24,800</td>
</tr>
<tr>
<td>6</td>
<td>28,400</td>
</tr>
<tr>
<td>7</td>
<td>32,000</td>
</tr>
<tr>
<td>8</td>
<td>35,600</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>3,600</td>
</tr>
</tbody>
</table>

**SOURCE:** Federal Register, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972
BROOKS MEMORIAL HOSPITAL

FINANCIAL ASSISTANCE POLICY TRAINING
(for staff in departments other than Patient Financial Services)

Brooks Memorial Hospital has established a “Financial Assistance Program” policy (6.68) to address the health care needs of those individuals who can demonstrate an inability to pay full charges for “Medically Necessary” services. This policy is administered by the Patient Financial Services Department.

POLICY SUMMARY
A) Provide discounts that range from discounts equivalent to those given to insurance payers to free care. These discounts are given to patients that have a household income equal to or less than 300% of the current Federal Poverty Guidelines. Example – a home with four persons in 2009 that has a household income of $66,150. or less.

B) To qualify for this program the patient MUST APPLY. They will need to provide appropriate documentation that BMH may require. If it is deemed that they may qualify for government assistance programs such as Medicaid they MUST apply.

C) If a patient has significant assets, excluding their primary home and transportation, those assets are taken into consideration in relation to their ability to pay the bill.

D) Any patient with a balance can make arrangements to pay the bill in installments with no interest charges.

E) The policy also addresses many other issues such as training, signage, language requirements, service areas, collection policies, reporting, and patient notifications.

YOUR RESPONSIBILITIES ARE:
1) IF A PATIENT OR FAMILY MEMBER ASKS OR ALLUDES TO ANY ANXIETY, INABILITY TO PAY, OR DISTRESS ABOUT FINANCIAL CONCERNS IN RELATION TO THEIR HOSPITAL BILL YOU ARE REQUIRED TO PROVIDE THEM THE FOLLOWING INFORMATION:
“Brooks Memorial Hospital has a ‘financial assistance’ program that may help with your bill based on your qualifications. I can contact a financial counselor to come and see you or you may stop into the business office at your convenience.” If it is after hours please take all the necessary contact information and make sure it is given to a financial counselor. The financial counselor will contact them as soon as possible.

2) IF THE PATIENT OR FAMILY MEMBER ATTEMPTS TO QUESTION YOU FURTHER ABOUT WHAT THEIR BILL WOULD BE PLEASE RESPOND:
“That would be based on the financial information you provide on your application. That information is kept in the strictest confidence by the financial counselor.”

Business Office hours 8 AM to 4 PM.
Financial Counselors:
Theresa Andrews – 363-7219 Lynn Stock – 363-7221
Sue Gornikiewicz – 363-7214 April Jagoda – 363-7224