TITLES: Sliding Fee Scale
MANUAL: Credit & Collection
PREPARED BY: Credit Specialist
COMMITTEE APPROVAL:
DATE ISSUED: 10/96
DATE(S) REVISED: 6/04

**GO TO MASTER MANUAL FOR VIEWING ILLUSTRATION**

PURPOSE: To establish a sliding fee scale for medical and hospital services rendered at Ira Davenport Memorial Hospital and its ancillary clinics.

POLICY: Patients who meet the following criteria and apply for financial aid shall receive a discount based on hospital charges on services rendered based on income and eligibility.

PROCEDURE:
1. An application must be completed and returned with the following items:
   a) Proof of income for the last six (6) months. Proof of income is needed for each working individual in the family unit, or for any family unit member with earned income.
   b) Family Units in size greater than one include only persons related by birth, marriage, and/or adoption residing together.
   c) Proof of income can be verified by copies of W-2 forms, paychecks, and/or Social Security check stubs, copies of unemployment and workers compensation checks, etc.

2. Patients requesting a sliding fee schedule should not be eligible for Medicaid, and must not have declined insurance coverage offered to them through an employer or other agency. Discounts will only be applied to self-pay portion of balances due the institution. Employer(s) may be called to verify coverage has not been declined.

3. The sliding fee scale table (attached) used for financial aid eligibility will be updated annually and is based on the current federal poverty guidelines.

4. Length of eligibility shall be for one year from the date of approval. Once approved for the program, it is retroactive 4 months. (As of 9/17/02)

5. Application shall be reviewed by the Credit Specialist who will follow the attached chart to determine eligibility. Application will have a two-week turnaround if all documentation has been received from the patient.

6. A listing of patients eligible for sliding scale would be distributed to the clinics, billing office, registration, Regional Pathology Associates, Associated Radiologists of the Finger Lakes.

7. Applications may be picked up at all points of service and may be handed to the Credit Department or mailed in when completed.

8. Each work day, a report is compiled showing all patient accounts that need the sliding fee application. To compile report:
   a) #41-COMPILE/VIEW PATIENT DETAIL REPORTS
   b) FILE#, choose N
   c) Copy from FILE#, enter 7217
   d) From VALUE DATE, put previous day report was compiled
   e) THRU DATE, today's date
f) COMPILB, yes

g) #42-PRINT PATIENT DETAIL REPORT

h) If Registration did not hand the application out at time of service, then Credit Department sends one.

9. Once a family has been approved for the program, the sliding fee adjustment must be done to the accounts that apply. To do the sliding fee scale adjustment, enter sliding fee into insurance field in patient account:
   a) #20-BATCHES
   b) #8-ENTER/EDIT COLLECTION TRANSACTIONS
   c) Do adjustment that pertains and then add NYS Surcharge (8.85%)
TITLE: Charity Care
MANUAL: Credit & Collection
PREPARED BY: Credit Specialist
COMMITTEE APPROVAL:
DATE ISSUED: 6/04
DATE(S) REVISED:
LAST DATE(S) REVIEWED: 8/06

POLICY: Ira Davenport Memorial Hospital provides unrestricted access to hospital services without regard to an individual's ability to pay. Patients who demonstrate an inability to pay for hospital services and who are not otherwise eligible for Medicaid, will be considered for financial aid.

PURPOSE: To provide a consistent and systematic means of determining allowances for financial aid based on financial hardship.

GUIDELINES:
1. Patient requests assistance for financial aid, either before or after services are rendered.
2. Patient demonstrates inability to pay through information supplied on financial aid application, or is otherwise determined indigent through the Hospital's investigation.
3. All sources of potential insurance coverage (including Medicaid eligibility) are investigated and pursued.
4. Financial aid eligibility is reviewed and, if eligible, patient awarded free or reduced care according to Hospital sliding fee scale.
5. Financial aid applications are documented and recorded in writing by the credit office and referred to the Credit Supervisor for review and authorization as follows:
   a) Adjustments $10 to $1,000 must be approved by the Credit Supervisor.
   b) Adjustments $1,000 and over must be approved by Director of Patient Accounting.

All requests for Financial aid are considered, with discrimination based strictly on the patients ability to pay.
Ira Davenport Memorial Hospital  
Financial Subsidy Program  
Sliding Fee Scale Table

Effective for Determinations After: March 2009

To be eligible to receive free care or care at a reduced rate, your family income must be at or below levels:

<table>
<thead>
<tr>
<th>Percentage of Free Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>10,830</th>
<th>11,913</th>
<th>12,996</th>
<th>14,079</th>
<th>15,162</th>
<th>16,245</th>
<th>17,328</th>
<th>18,411</th>
<th>19,494</th>
<th>21,660</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>14,570</td>
<td>16,027</td>
<td>17,484</td>
<td>18,941</td>
<td>20,398</td>
<td>21,855</td>
<td>23,312</td>
<td>24,769</td>
<td>26,226</td>
<td>29,140</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>18,310</td>
<td>20,141</td>
<td>21,972</td>
<td>23,803</td>
<td>25,634</td>
<td>27,465</td>
<td>29,296</td>
<td>31,127</td>
<td>32,958</td>
<td>36,620</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>22,050</td>
<td>24,255</td>
<td>26,460</td>
<td>28,665</td>
<td>30,870</td>
<td>33,075</td>
<td>35,280</td>
<td>37,485</td>
<td>39,690</td>
<td>44,100</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>25,790</td>
<td>28,369</td>
<td>30,948</td>
<td>33,527</td>
<td>36,106</td>
<td>38,685</td>
<td>41,264</td>
<td>43,843</td>
<td>46,422</td>
<td>51,580</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>29,530</td>
<td>32,483</td>
<td>35,436</td>
<td>38,389</td>
<td>41,342</td>
<td>44,295</td>
<td>47,248</td>
<td>50,201</td>
<td>53,154</td>
<td>59,060</td>
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<tr>
<td>7</td>
<td>33,270</td>
<td>36,597</td>
<td>39,924</td>
<td>43,251</td>
<td>46,578</td>
<td>49,905</td>
<td>53,232</td>
<td>56,559</td>
<td>59,886</td>
<td>66,540</td>
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<tr>
<td>8</td>
<td>37,010</td>
<td>40,711</td>
<td>44,412</td>
<td>48,113</td>
<td>51,814</td>
<td>55,515</td>
<td>59,216</td>
<td>62,917</td>
<td>66,618</td>
<td>74,020</td>
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</tr>
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</table>

Additional Person $3,740

Notes:

1. Locate family size in left hand column.
2. Move horizontally to the right on the line located in step #1 to the income eligibility amount.
3. Compare the lesser amount of the two figures.
4. If the applicant's income is equal to or less than the amount arrived in step #2, then the applicant is eligible for the percent of care noted.