

Subject: Charity Care Policy

Reference # PFS 0002

Department: Patient Financial Services

"Say what you do, do what you say" - A.A.M.C.

Purpose:

Establish policies for providing health services to the low income population and optimize medical debt collection from patients so that these apparent contradictions honor the Hospital's mission- Abbeville Area Medical Center is committed to treating all patients the same - with dignity, respect, and compassion. In keeping with its nonprofit, charitable mission, the Hospital will provide services to all patients regardless of their ability to pay.

Policy:

Patients requiring medically necessary or emergency care will receive Hospital and medical services without regard to ability to pay. Thereafter, appropriate billing and collection procedures will be employed. Patients who are unable to meet their financial obligations to the hospital will be given the opportunity to apply for financial assistance. Eligibility is based on financial need. The primary factor for determining eligibility is an applicant's income as compared to the federal poverty income guidelines. These guidelines vary, according to family size. All third-party resources and non-hospital financial aid programs, including public assistance through Medicaid, disability and other state and federal programs must be exhausted before financial assistance can be requested. If a patient is determined to be financially indigent, part or all of the cost of his/her services will be written off in accordance with the Federal Poverty guidelines. In order to qualify for assistance, the patient/guarantor must cooperate in the application process.

Procedure:

1. Applicants will complete a Financial Assistance Application. The hospital reserves the right to verify the accuracy of the information provided. A patient financial counselor will brief the applicant on the requirements of this program and will provide assistance as needed in helping the applicant complete the application.
2. A determination of eligibility will be made within thirty (30) working days after receipt of the completed application. The applicant will be informed in writing of that determination.
3. Family size and income will be determined primarily by the information supplied on the federal (or state) income tax return.
4. Application must be made at the time of service whenever possible. Beyond the point of service, consideration will be given only at the recommendation of the financial counselor.
5. Final approval for financial consideration will be made as follows:
 - a. The Patient Accounts Counselor may approve up to \$1,000.00
 - b. The Patient Financial Services Director may approve requests up to \$10,000.00.
 - c. The Chief Financial Officer must approve requests over \$10,000.00
6. Each application will be considered for the calendar month in which it was made. Should a patient have services later in the same month for which he/she wants consideration, no further application need be made, but the patient must notify a financial counselor that he/she desires the additional services be included in the original application.
7. Patients desiring routine care or elective procedures will not be eligible for financial assistance.
8. If the application is made after the patient has received treatment/services AND the patient does not meet eligibility guidelines, the counselor will set the patient up on a payment plan in accordance to the hospital Financial Policy. If the patient is unable or unwilling to enter into the payment plan, his/her account will be referred to an outside collection agency and/or the South Carolina Debt Setoff Program immediately.