

BARNESVILLE HOSPITAL**Policy Title: BO - Financial Assistance Program Policy**

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| Document Owner: AUDREY BOWDEN | Originated: 10/14/2013 |
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PURPOSE: To promote payment of charges incurred by low income patients who do not meet the HCAP guidelines.

POLICY:

Barnesville Hospital offers financial assistance to those patients whose income is between 100% and 250% of the federal poverty guidelines. Financial assistance will be applied to self pay balances on date of application greater than \$25.00. Balances \$25.00 or less will be patient's responsibility. Patients will be able to apply for financial assistance:

- by completing of the "Application for HCAP (Free Care) or Financial Assistance",
- for up to three (3) years from the date of service.

Patients applying for HCAP are encouraged to apply for Medicaid. Patients whose income falls between 100% and 150% of the federal poverty guidelines shall receive a 75% discount on the total balance due, patients whose income falls between 150% and 200% of the federal poverty guidelines shall receive a 50% discount on the total balance due, and patients whose incomes falls between 200% and 250% of the federal poverty guidelines shall receive a 25% discount on the total balance due. Federal poverty guidelines are updated annually.

Financial assistance will be applied to all services billed by Barnesville Hospital including physician services billed by the hospital. Physician services billed by the hospital include pathologists and anesthesia providers. Financial assistance will be applied to balances after all insurance payments or 20% self-pay discount.

Patients who qualify for financial assistance shall be notified by letter explaining the discount to be applied. Patients who do not qualify for financial assistance shall be notified by letter explaining the reason for the denial (See Exhibit A).

Exhibit A

BARNESVILLE HOSPITAL

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BARNESVILLE HOSPITAL

Date_____

Barnesville Hospital has processed your application for Ohio's Hospital Care Assurance Program (HCAP) or Barnesville Hospitals' financial assistance with the following determination.

Patient Name_____

Account Number_____

Date of Service_____

Qualified 100% HCAP: Discounted amount \$_____ Balance due \$_____

Qualified 100% Charity: Discounted amount \$_____ Balance due \$_____

Qualified 75% Charity: Discounted amount \$_____ Balance due \$_____

Qualified 50% Charity: Discounted amount \$_____ Balance due \$_____

Qualified 25% Charity: Discounted Amount \$_____ Balance due \$_____

Not eligible due to being over income: Balance due \$_____

Please note: The Ohio Hospital Care Assurance Program (HCAP) does not cover the following: Physician Services (including ER, Radiology, and in some cases Anesthesiology). These charges may be written off by the hospital.

Please contact the Patient Financial Counselor with any questions or to set a payment agreement on any remaining balance.

PATIENT FINANCIAL COUNSELOR:

639 West Main St P.O. Box 309

Barnesville, OH 43713

740-425-5136