

FINANCIAL ASSISTANCE POLICY
FOR
NCHS (dba RIVER BEND HOSPITAL)

I. POLICY

It is the policy of NCHS (dba River Bend Hospital) to:

- a) Offer our health services, within the limits of our resources, to all regardless of race, creed, color, sex, national origin, handicap or financial status.
- b) Fulfill the mission of NCHS (dba River Bend Hospital) by believing in the dignity, uniqueness and worth of each individual. In light of this belief, we consider financial assistance to be reaching out and responding to those who are in need.
- c) To assist in meeting those needs, NCHS (dba River Bend Hospital) has established this Financial Assistance Policy to provide Financial Assistance to eligible patients receiving Emergency or Medically-Necessary Services. This policy is used to determine a patient's financial ability to pay for services.

II. FINANCIAL ASSISTANCE GUIDELINES:

The following policy guidelines are to be applied to all Financial Assistance applications:

- a) Eligibility Criteria: It is the procedure of NCHS (dba River Bend Hospital) to exhaust all third party resources and insurances. If then, the guarantor has no other means to meet his/her financial obligation, a financial assistance application must be filed.
- b) Application Initiation: The financial assistance applications shall be considered on a case-by-case basis. The review process will take into consideration family income, family size and assets of the guarantor. If a guarantor's annual gross income is within the financial assistance guidelines, and there are not substantial assets, the account will qualify for financial assistance. (See Financial Assistance Application Form)
- c) Computation of Financial Assistance Income is the most recently published Federal Poverty Guidelines X 250% equals Adjusted Gross Federal Poverty Guidelines.
- d) Each application must be accompanied with a complete copy of the most recent tax return and a recent pay stub showing year-to-date income.
- e) The guarantor will be notified in writing of the determination of the application within 30 days of receipt of the application.

- f) The financial assistance transaction codes shall be monitored. An annual report will be submitted for audit documentation listing total financial assistance provided. Additionally, financial assistance amounts will be monitored routinely.
- g) NCHS (dba River Bend Hospital) reserves the right to submit a patient account that is delinquent according to its Bad Debt Policy, but will only implement extraordinary collection action after it has made reasonable efforts to determine whether the patient account is eligible for assistance under this Financial Assistance Policy.
- h) NCHS (dba River Bend Hospital) limits the amounts charged for Emergency or Medically Necessary Services provided to patients eligible for financial assistance under this Financial Assistance Policy to not more than the amounts generally billed to individuals who have insurance coverage for such care.
 - 1. The basis for calculating the amount charged to all patients, including those who are eligible for Financial Assistance, is derived through the use of a chargemaster or physician fee schedule and are uniformly applied. All additional discounts required by insurance contract or this Financial Assistance Policy are applied to the chargemaster or physician fee schedule amount.
 - 2. NCHS (dba River Bend Hospital) does not use gross charges in the calculation of the amount to charge a Financial Assistance eligible patient.

III. FINANCIAL ASSISTANCE POLICY PUBLICATION:

NCHS (dba River Bend Hospital) will broadly publicize the availability of its Financial Assistance Policy within the communities it serves by taking the following action:

- a) NCHS will post this Policy and its Financial Assistance Application on its website
- b) Signs will be posted on the inpatient unit describing the available assistance and directing eligible patients to the Financial Assistance Application.
- c) NCHS (dba River Bend Hospital) will include a plain language description of its Policy with all its patient bills and statements of services.
- d) Social Service professionals will be available to discuss the Financial Assistance Policy with patients.

North Central Health Services
dba River Bend Hospital
Effective Date January 1, 2015

Persons in Family or Household	Household Income at 250% of Poverty Level
1	\$29,425
2	39,825
3	50,225
4	60,625
5	71,025
6	81,425
7	91,825
8	102,225
9	112,625
10	123,025
11	133,425
12	143,825
13	154,225
14	164,625
15	175,025
16	185,425
For each additional person add:	10,400