FINANCIAL HARDSHIP ASSISTANCE FOR QUALIFIED PATIENTS

Baptist Medical Park Surgery Center, LLC abides by the contractual and legal obligations of health benefit plans to collect patients out of pocket expenses assigned by the payers. The out of pocket expenses include but not limited to; co-pays, co-insurance and deductibles.

Generally, all elective services are paid in full or payment plan agreed to, prior to admissions. Recognizing that circumstances may arise where an individual is unable to meet financial obligations, we have adopted a financial hardship policy and screening process for patients who may qualify for financial hardship.

Reasonable efforts are taken to determine patient’s eligibility for financial hardship. Such efforts include notifying patient about this policy, working with patient on adjusted payment plans, helping patients remedy an incomplete application, notifying the patient when a final determination has been made and working with patient on adjusted payment plans.

The application for financial hardship may be initiated by the patient and submitted within 90 days from the patient’s first post-discharge billing statement.

ELIGIBILITY CRITERIA AND DETERMINATION OF FINANCIAL HARDSHIP:

Patients are eligible to apply for financial hardship assistance if there has been a significant change in their income or if they are unable to meet post-admission financial obligations due to unexpected circumstances.

Significant change in income may be a result of:

- Loss of employment
- Spouse’s loss of employment
- Death of spouse or child
- Excessive medical expenses due to an acute illness (occurred within four months of post-discharge date of initial admissions)
- Other related circumstances impacting financial stability

Unexpected medical costs may be a result of:

- Limited or excluded benefits under their insurance plan.
- Insurance denial due to medically necessary, UCR or investigational under their insurance plan.
- Patients’ estimated responsibility prior to admissions is less than what the insurance applied to patients’ out-of-pocket.
- Patient’s non-payment of any mutually agreed upon payment arrangement due to extenuating circumstances.
- Unexpected termination of insurance.

FINANCIAL HARDSHIP DISQUALIFICATION:

- Financial hardship is not granted for patients who fail to reasonably comply with applicable payer requirements, including but not limited to, obtaining authorizations, referrals, additional information required or other requirements for claim adjudication.
- Financial hardship is not granted when a patient fails to pay insurance premiums.
- Financial hardship is not granted when a third-party liability claim is available to the patient.
- Financial hardship will not be granted if false information is provided on the Financial Hardship Application.
- Financial hardship is not granted if the account balance is equal to or greater than 150 days from the initial admissions date.
**PROCESSING APPLICATION:**

A standard methodology will be used in calculating financial hardship for all applicants and the individual factors are applied.

Application must be processed and approved within 45 days from the date of receipt.

Each application will require initial review by the assigned Accounts Specialist. The Account Specialist will work directly with applicant regarding his/her options. Once this is finalized, the application is submitted for approval.

Financial Hardship approvals are determined on a case-by-case basis and approved one time only.

If, after reasonable efforts are taken and the patient is found to either not qualify for hardship under this policy or is unresponsive to the ASC’s efforts to obtain necessary information to determine eligibility for financial assistance, the patient account will be moved to bad debt and the delinquent account turned over to a third-party collection agency.

The facility’s Manager of Business Operations is granted the authority to provide eligibility and determination exceptions to this policy on a case by case basis as appropriate to an individual patient’s facts and circumstances.