

SOLDIERS + SAILORS MEMORIAL HOSPITAL  
Wellsboro, Pennsylvania

**Patient Financial Assistance Policy**

Section	Administration
Subject	Patient Financial Assistance Policy
Reference	

**I. POLICY:**

Soldiers + Sailors Memorial Hospital (Hospital) has a long history of service to the community. A patient's/family's concern over a hospital bill should never prevent any individual from receiving emergency medical care, and the Hospital shares that concern. To meet its commitment to the people it serves, the Hospital will provide a level of patient financial assistance to those who are uninsured and in need in the community. As part of its Patient Financial Assistance Policy the Hospital will make available services to qualifying individuals at no charge, or at a significant discount off gross charges. To qualify, an individual must be uninsured and have family income, including certain other assets, that is less than three times the Federal Poverty Income Guidelines.

The Hospital will accept all individuals, regardless of their ability to pay, for emergency medical screening and for stabilization services, as necessary, within the scope of the Hospital's capabilities and capacity. In no case will emergency services be delayed or denied pending determination of insurance coverage or the requirement of a prepayment or deposit. Patients who are unable to meet their financial obligations either totally or partially may apply for patient financial assistance. To be considered for patient financial assistance, the patient may be asked to first apply for Medical Assistance and other governmental social service agency programs. If the patient is denied coverage, application for patient financial assistance through the Hospital may be made. If the patient is covered by third party insurance the patient is normally not eligible for patient financial assistance from the Hospital. Patient Account Representatives are available to assist patients in applying for Medical Assistance and the Children's Health Insurance Program (CHIP). They can also assist in finding other sources of commercial insurance coverage or make patients aware of any other sources of funds available to the Hospital such as endowments or donations specified for patient financial assistance. It is the policy of the Hospital to seek collection of all charges including collections from insurers and the person who is responsible for payment for services received.

All medical, surgical and maternal services, within the scope of the Hospital's capabilities and capacity, are available for consideration under this policy. This also includes outpatient services, and emergency room services. The professional fees for non-emergency room physician services are not eligible for patient financial assistance. In order to be considered for patient financial assistance the patient or guardian must complete an application and provide all requested documentation. Those applications not fully completed or not adequately documented may be denied. It is important to note that the information provided will be used only for consideration of uncompensated care. The information will be held in strict confidence, and will only be shared with the staff reviewing the application. Determination for each completed application will be made within five working days after receipt of the application and supporting documents. If the need for patient financial assistance occurs at a future date, the patient and/or family may be asked to make another application for those services.

Determination for qualification will be based on a combination of income level and other assets of an individual or family, and the family size dependent on that income, and other financial obligations of an individual or family. The income and family size qualifications are based on the poverty standards set by the U.S. Department of Health and Human Services. The Hospital will use as its income guideline amounts that are less than three times the Poverty Income Guidelines established by the federal government.

## **II. PROCEDURE:**

Notice of availability of Patient Financial Assistance will be prominently displayed in the designated registration and patient waiting areas of the Hospital and advertised at least annually in the local newspaper. An application and a copy of the Instructions for completing the Patient Financial Assistance Application will be given to the patient and/or family member if requested. The patient will be instructed as to the information required on the application as well as the required supporting documentation.

The application will be reviewed for completeness immediately upon receipt. Any missing information or documentation will be requested from the patient by the end of the working day that the application is received. As soon as all of the requested information and applicable documents are received, the employment and monthly income will be verified. Based on this verification process, the applicant's annual family income will be estimated. The number of family members listed on the application will also be confirmed with the applicant. Consideration will be given to the amount of the applicant's other non-retirement assets, and to the applicant's other financial obligations. To the extent other assets exceed \$10,000 they will be added to the applicant's annual family income estimate, and the other financial obligations will be deducted for the applicant's adjusted annual family income. This adjusted annual family income and family size will be used to determine whether the applicant qualifies for assistance. If applicant is medically indigent they will be given consideration for assistance even though their financial situation does not satisfy the requirements set forth in this policy. Medically Indigent means a patient, whose medical or hospital bills after payment by all third parties exceed 20% of their total annual income, including certain other assets.

The applicant will be notified of the Hospital's determination within five business days after receipt of the application.

With respect to North Penn Comprehensive Health Services (NPCHS) Laurel Health Center patients, the Hospital will adhere to the NPCHS Sliding Fee Policy for labs and certain radiology procedures. For a copy of the Sliding Fee Policy please contact a Patient Account Representative, or call 1-570-723-7764.

The Hospital's collection procedures are documented in a separate Credit and Collections Policy that is available by request from a Patient Account Representative, or by calling 1-570-723-7764.

### **III. DEFINITIONS:**

For purposes of determining financial eligibility under the Patient Financial Assistance Policy the following definitions will be used:

- a. **Family.** A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment, they would all be considered members of a single family.
- b. **Unrelated individual.** An unrelated individual is a person (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the only person living in a house or apartment, or may be living in a house or apartment (or in group quarters such as a rooming house) in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.
- c. **Household.** A household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units (see next item), but only one household. The poverty guidelines apply separately to each family and/or unrelated individual within a household if the household includes more than one family and/or unrelated individual.
- d. **Family Unit.** An unrelated individual or a family (as defined above) constitutes a family unit. In other words, a family unit size of one is an unrelated individual, while a family unit of two/three/etc. is the same as a family of two/ three/etc.
- e. **Students.** Regardless of their residence, students who are supported by their parents or others related by birth, marriage, or adoption are considered to be residing with those who support them.
- f. **Income includes:**
  1. money wages and salaries before any deductions;
  2. net income from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses);

3. net income from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses);
4. regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Aid to Families with Dependent Children or Temporary Assistance for Needy Families, Supplemental Security Income, and non-Federally-funded General Assistance or General Relief money payments), and training stipends;
5. alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
6. private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, payments and other royalties from Marcellus shale drilling leases, and net gambling or lottery winnings.

g. ***Income does not include:***

1. Capital gains;
2. any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; or
3. tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.
4. non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits,
5. food or housing received in lieu of wages,
6. the value of food and fuel produced and consumed on farms,
7. the imputed value of rent from owner-occupied nonfarm or farm housing, and
8. such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

h. ***Other assets include:***

1. cash in checking accounts
2. cash in savings accounts
3. investments in money market and NOW (negotiable order of withdrawal) accounts
4. certificates of deposits
5. debt and equity securities
6. notes and loans receivable
7. health savings account (HSA)

i. ***Other financial obligations include:***

1. monthly amount for prescription drugs
2. medical bills under a payment arrangement for which payments are current, excluding those bills under current consideration for Hospital patient financial assistance.
3. child support and/or alimony payments

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