

**Policy and/or Procedure:**

Financial Assistance Policy for Calhoun-Liberty Primary Care Clinic

**Effective Date: August 1, 2018**

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**Purpose:**

To provide quality health care to all members of our community. Calhoun-Liberty Primary Care Clinic is committed to treating all patients the same with dignity, respect, and compassion.

Calhoun-Liberty Primary Care Clinic will provide discounts to uninsured and insured patients with demonstrated and verified financial need.

**Policy:**

The facility shall establish a standard to determine the financial status of its patients for the purposes of identifying those in need of Financial Assistance for healthcare.

**Procedure:**

To be considered for Financial Assistance the patient/guarantor will be required to complete the Financial Assistance Application, which includes all the following information/documents:

- Proof of Income—for everyone living in household
- Most current tax return (W2, 1099, etc.)
- Rent or mortgage bill for one month, not older than 3 months from the date of application
- Utility Bills: electric, water, sewage, gas, etc.
- Outstanding medical bills from other facilities (not including Calhoun-Liberty Hospital)

Financial Assistance Eligibility will be determined based on the percentages as related to the Federal Poverty Guidelines in the chart below:

<b>Financial Assistance Eligibility Chart</b>	
<b>Federal Poverty Guidelines</b>	<b>Approved Write-Off (Discount Rate)</b>
0 - 100 %	100%
101 - 150%	90%
151 - 200%	75%
201 - 250%	55%
251 - 300%	30%
300% and up	Not Eligible

Prior to application review a non-refundable deposit of \$50.00 will be required, which will be applied to outstanding patient account balances.

Patients qualifying for financial assistance will be granted eligibility for 90 days, after which time they must reapply.

*The administrative staff at Calhoun-Liberty Hospital reserves the right to issue Administrative Adjustments or revoke previous adjustments made on accounts at their discretion.*