



**Policy and/or Procedure:**

Financial Assistance Policy for Calhoun-Liberty Hospital

**Effective Date: August 1, 2018**

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**Purpose:**

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

The hospital 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

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.*



**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.*