

SUBJECT: FINANCIAL ASSISTANCE	PAGE: 1 OF: 14
DEPARTMENT: PATIENT FINANCIAL SERVICES	
	EFFECTIVE DATE: 09/01/2021
APPROVED BY: CLH, Big Bend Health Alliance	REVISED DATE:3/24/2022, 2/23/2023
REPLACES:SAME	ORIGINAL DATE: 9/1/2021

**PURPOSE:**

Calhoun-Liberty Hospital provides inpatient, outpatient, emergency, skilled nursing, and Physician Services. Consistent with its mission to provide quality health care to all members of our community, Calhoun-Liberty Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

**POLICY:**

Calhoun-Liberty Hospital is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

This policy applies to all emergency and other medically necessary care provided by the hospital facility. Calhoun-Liberty Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

**Accordingly, this written policy:**

- Includes eligibility criteria for financial assistance -full or partially discounted care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how Calhoun-Liberty Hospital may publicize the policy within the community served by Calhoun-Liberty Hospital but will not publicize the names of those receiving assistance
- Limits the amount Calhoun-Liberty Hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the amount generally billed to commercially insured or Medicare patients.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Calhoun-Liberty Hospital's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Calhoun-Liberty Hospital to provide the appropriate level of assistance to the greatest number of persons in need, Calhoun-Liberty Hospital has established the following guidelines for the provision of patient charity.

**DEFINITIONS:**

For the purpose of this policy, the terms below are defined as follows:

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**Charity Care:** Discounted care provided to patients who are uninsured for the relevant medically necessary service, ineligible for government or other charity care benefit, and unable to pay. Calhoun-Liberty Hospital maintains two types of charity care for the purposes of this policy, Financially Indigent and Medically Indigent.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family or Household Income:** Family or Household Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty levels:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count; • Determined on a before-tax basis;
- Excludes capital gains or losses;
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

**Patient:** person receiving services, guarantor signing for financial responsibility or the person supporting or acting on patient's behalf.

**Financially Indigent:** The patient is uninsured and their yearly household income is less than or equal to 300% percent of the Federal Poverty Guidelines (FPG) based on the number of person(s) in their household.

**Medically Indigent:** The patient's medical or hospital bills from Calhoun-Liberty Hospital and related providers, after payment by all third parties, exceeds 5 percent of his or her yearly household income, whose yearly household income is greater than 300% but less than 500% percent of the federal poverty guideline (FPG), and patient is unable to pay the outstanding patient account balance.

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third party assistance but still has out of pocket expenses that exceed his/her financial abilities.

**Gross charges:** The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

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**Emergency medical conditions:** Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**PROCEDURES:**

**A. Eligibility Criteria and Amounts Charged to Patients**

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity may be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. If a patient fails to cooperate or provide all requested documents Calhoun-Liberty Hospital has the right to deny charity/ financial assistance.

Services eligible under this Policy may be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines in effect at the time of the determination. Once a patient has been determined by Calhoun-Liberty Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Calhoun-Liberty Hospital will charge patients qualifying for financial assistance is as follows, but not limited to:

1. Patients whose family income is in the range of 0-100% of the Annual FPG are eligible to receive a discount of 100%.
2. Patients whose family income is in the range of 101%-150% of the Annual FPG are eligible to receive a discount of 90%.
3. Patients whose family income is in the range of 151%-200%% of the Annual FPG are eligible to receive a discount of 75%.
4. Patients whose family income is in the range of 201%-250% of the Annual FPG are eligible to receive a discount of 55%.
5. Patients whose family income is in the range 251%-300% of the Annual FPG are eligible to receive a discount of 30%.
6. Patients whose family income is in the range of 300% and up of the Annual FPG are eligible are not eligible to receive a discount.

This sliding scale is also posted in **Appendix B**.

**B. Method by Which Patients May Apply for Charity Care**

1. Financial need may be determined in accordance with procedures that involve an individual assessment of financial need and may include but not be limited to:

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- a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need
  - b. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay
  - c. Reasonable efforts by Calhoun-Liberty Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs
  - d. Taking into account the patient's available assets, and all other financial resources available to the patient
  - e. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history
2. It is preferred, but not required, that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance may be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

### **C. Eligibility Criteria and Amounts Charged to Patients:**

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, and posted in Appendix A.

Following a determination of financial-assistance eligibility, if there is determined to be an amount that the individual will be responsible for, the individual will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care.

At Calhoun-Liberty Hospital the AGB is determined through the "Look-Back Method" which is calculated as follows:

1. The AGB is calculated by reviewing past claims that have been paid to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include co-insurance, copayments, deductibles, and any indicated patient responsibility.
2. Calhoun-Liberty hospital divides the sum of total payments made by those payers by the sum of total hospital charges for those claims to identify the "AGB percentage".

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- a. The ABG percentages are calculated at least annually by dividing the sum of certain claims paid to the hospital facility by the sum of the associated gross charges for those claims.
  - b. Multiple AGB percentages may be calculated for separate categories of care (for example, in-patient verses out-patient care; care provided by different departments, or for separate items or services).
  - c. See **Appendix C** for calculation of AGB percentage.
  - d. Copies of current AGB percentage and an explanation of how the percentage is calculated can be obtained by contacting Calhoun-Liberty Hospital as indicated in Appendix F (Plain Language Summary of Financial Assistance).
3. If Calhoun-Liberty Hospital determines that a patient qualifies for free care but may be eligible for another alternative pay source/coverage, the patient may be asked to fully cooperate in the process and resolution of that alternative pay source/coverage. If the patient is not cooperative in the financial process and the resolution of the alternative pay source/coverage, Calhoun-Liberty Hospital will determine if there will be any additional financial reduction on the account and also the specific amount of that reduction.

#### **D. Federal Poverty Guideline (FPG) Scale and Financial Assistance Eligibility Chart :**

- a. See **Appendix A** for Federal Poverty Income Guidelines for the current year and the Financial Assistance Eligibility Chart for discount percentages as they relate to the FPG.
- b. The board of directors does not require approval for updating the Federal Poverty Guidelines referenced and used within this policy as they are updated yearly.

#### **E. Presumptive Financial Assistance Eligibility**

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Calhoun-Liberty Hospital could use outside agencies in determining an estimate of income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include but are not limited to:

- State-funded prescription programs
- Homeless or received care from a homeless clinic
- Participation in Women, Infants and Children programs (WIC)
- Food stamp eligibility
- Subsidized school lunch program eligibility

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- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
- Low income/subsidized housing is provided as a valid address
- Patient is deceased with no known estate
- Medicaid Program participants where coverage is denied for maximum confinement, or non-covered services
- Bankruptcy declared and confirmed within the prior (12) months of Calhoun-Liberty Hospital services being rendered
- Any uninsured account returned from a collection agency as uncollectable
- Participation in Temporary Assistance for Needy Families (TANF) Program
- Participation in Children's Health Insurance Program (CHIP)-Florida KidCare
- Participation in Free lunch program at children's respective school
- Participation in County Indigent Health Care programs
- Calhoun-Liberty Hospital services provided with no history of payments
- Patient has stated that he/she does not have the resources to pay
- Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation
- The address on file is no longer a good address
- Other factors that are useful in the formation of an expectation of payment

Patients who provide false information or who do not cooperate will not be eligible for charity care or discounted care assistance.

**D. Eligibility Criteria and Amounts Charged to Patients:** Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, and posted in Appendix A.

Following a determination of financial-assistance eligibility, if there is determined to be an amount that the individual will be responsible for, the individual will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care.

At Calhoun-Liberty Hospital the AGB is determined through the “Look-Back Method” which is calculated as follows:

1. The AGB is calculated by reviewing past claims that have been paid to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include co-insurance, copayments, deductibles, and any indicated patient responsibility.

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2. Calhoun-Liberty hospital divides the sum of total payments made by those payers by the sum of total hospital charges for those claims to identify the “AGB percentage”.
  - a. The AGB percentages are calculated at least annually by dividing the sum of certain claims paid to the hospital facility by the sum of the associated gross charges for those claims.
  - b. Multiple AGB percentages may be calculated for separate categories of care (for example, in-patient verses out-patient care; care provided by different departments, or for separate items or services).
  - c. See **Appendix C** for calculation of AGB percentage.
  - d. Copies of current AGB percentage and an explanation of how the percentage is calculated can be obtained by contacting Calhoun-Liberty Hospital as indicated in Appendix F (Plain Language Summary of Financial Assistance).
  
3. If Calhoun-Liberty Hospital determines that a patient qualifies for free care but may be eligible for another alternative pay source/coverage, the patient may be asked to fully cooperate in the process and resolution of that alternative pay source/coverage. If the patient is not cooperative in the financial process and the resolution of the alternative pay source/coverage, Calhoun-Liberty Hospital will determine if there will be any additional financial reduction on the account and also the specific amount of that reduction.

**E. Federal Poverty Guideline (FPG) Scale and Financial Assistance Eligibility Chart :**

- a. See **Appendix A** for Federal Poverty Income Guidelines for the current year and the Financial Assistance Eligibility Chart for discount percentages as they relate to the FPG.
- b. The board of directors does not require approval for updating the Federal Poverty Guidelines referenced and used within this policy as they are updated yearly.

**F. Communication of the Charity Program to Patients and Within the Community**

Notification about charity care available from Calhoun-Liberty Hospital shall be disseminated by Calhoun-Liberty Hospital by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at admitting and registration departments, and patient financial services offices that are located on Calhoun-Liberty Hospital's campuses, and at other public places as Calhoun-Liberty Hospital may elect. Calhoun-Liberty Hospital may also provide a summary of this charity care policy on facility websites, in brochures available in all patient access sites and at other places within the community served by Calhoun-Liberty Hospital, as Calhoun-Liberty Hospital may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Calhoun-Liberty Hospital. Referral of patients for charity may be made by any member of Calhoun-Liberty Hospital's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for charity.

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**G. Providers or Services Covered and Not Covered by Financial Assistance Policy:** Certain providers and services provided at Calhoun-Liberty Hospital are not covered under Calhoun-Liberty Hospital’s Financial Assistance Policy.

- a. See **Appendix D** for Providers that are covered under Calhoun-Liberty Hospital’s Financial Assistance Program.
- b. See **Appendix E** for Providers that are not covered under Calhoun-Liberty Hospital’s Financial Assistance Program.
- c. The board of directors does not require approval for updating Covered and Non-Covered Provider listings referenced and used within this policy as they are updated when changes occur.

**H. Plain Language Summary of the Financial Assistance Policy:**

- a. See **Appendix F** for a Plain Language Summary that notifies individuals that the hospital facility offers financial assistance and lists necessary information and requirements.

**I. Action in the Event of None Payment**

- a. Actions taken in the event of none payments are described in a separate Billing and Collection Policy.
- b. A free copy of this policy can be obtained by contacting Calhoun-Liberty Hospital—see contact information on website and /or in **Appendix F**.
- c. The hospital will not impose or initiate extraordinary collection efforts or actions against patients without first making reasonable collection efforts to see if patient is eligible for Financial Assistance.



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**Appendix A**

Based on Federal Poverty Guidelines Effective 01/19/2023  
**FINANCIALLY INDIGENT CLASSIFICATION**  
 Family's Yearly Income must be equal to or less than the following:

<b>2023 Federal Poverty Guidelines (Annual) 48 Contiguous States and D.C.</b>							
<b>Persons in Household</b>	<b>100%</b>	<b>133%</b>	<b>138%</b>	<b>150%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>
<b>1</b>	\$14,580.00	\$19,391.00	\$20,120.00	\$21,870.00	\$29,160.00	\$36,450.00	\$43,740.00
<b>2</b>	\$19,720.00	\$26,228.00	\$27,214.00	\$29,580.00	\$39,440.00	\$49,300.00	\$59,160.00
<b>3</b>	\$24,860.00	\$33,064.00	\$34,307.00	\$37,290.00	\$49,720.00	\$62,150.00	\$74,580.00
<b>4</b>	\$30,000.00	\$39,900.00	\$41,400.00	\$45,000.00	\$60,000.00	\$75,000.00	\$90,000.00
<b>5</b>	\$35,140.00	\$46,736.00	\$48,493.00	\$52,710.00	\$70,280.00	\$87,850.00	\$105,420.00
<b>6</b>	\$45,420.00	\$53,572.00	\$55,586.00	\$60,420.00	\$80,560.00	\$100,700.00	\$120,840.00
<b>7</b>	\$50,560.00	\$60,409.00	\$62,680.00	\$68,130.00	\$90,840.00	\$133,550.00	\$136,260.00
<b>8</b>	\$55,700.00	\$67,245.00	\$69,773.00	\$75,840.00	\$101,120.00	\$126,400.00	\$151,680.00
<b>Add \$5,140 for each person over 8</b>							

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**Appendix B**

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**Financial Assistance Discount Sliding Scale**

This sliding fee scale is based on financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the application and determination.

<b>Financial Assistance Discount Sliding Scale</b>	
<b>Federal Poverty Guidelines Range</b>	<b>Discount Percentage</b>
0 - 100 %	100%
101% - 150%	90%
151% - 200%	75%
201% - 250%	55%
251% - 300%	30%
300% and up	Not Eligible

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**Appendix C**

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**Amounts Generally Billed (AGB) Calculation Percentage**

The AGB is calculated by reviewing past claims that have been paid to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include co-insurance, copayments, deductibles, and any indicated patient responsibility.

Calhoun-Liberty hospital divides the sum of total payments made by those payers by the sum of total hospital charges for those claims to identify the “AGB percentage”.

The AGB was calculated based on statistics from Calhoun-Liberty Hospital Inpatient, Emergency Room, and Outpatient Accounts, for Fiscal Year 2022, with results as indicated below.

Total Charges: \$28,791,427.39

Total Payments: \$8,462,440.30

**AGB Percentage: 29%**

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**Appendix D**

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**Providers Covered by Calhoun-Liberty Hospital's Financial Assistance Policy**

The providers listed below are covered under Calhoun-Liberty Hospital's Financial Assistance Policy:

**RHC Covered Providers:**

Jared Barber, MD  
Hannah Causseaux, APRN  
Laura Ford , APRN  
Teresa Edenfield, APRN

**Covered Providers:**

Jared Barber, MD  
Misbah Farooqi, MD  
Timothy Adamcryk, MD  
John Griffin, MD  
Murray Baker, MD  
Hannah Causseaux, APRN  
Cara Pappas, APRN  
Bethsaide Gillum, APRN  
Yawen Ping, APRN  
Blair McKee, APRN  
Stan Whittaker, APRN  
Antoine Gavin, APRN

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### Appendix E

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#### **Providers or Services Not Covered by Calhoun-Liberty Hospital's Financial Assistance Policy**

Certain providers and services provided at Calhoun-Liberty Hospital are not covered under Calhoun-Liberty Hospital's Financial Assistance Policy. Patients should contact these providers for further information as needed.

##### **For Physicians (ER)**

*This includes professional fees for clinical and diagnostic evaluation, treatment, and/or supervision of care.*

Bittern Emergency Physicians, LLC.

PO Box 38000

Philadelphia, PA 19101-8000

Phone: (800) 355-2470

##### **For Radiology Readings:**

Radiology Partners / Radiology Associates of Florida

2700 University Square Dr

Tampa, FL 33612

Phone: (813) 253-2721

##### **For Echocardiogram Readings:**

Southern Medical Group

Tallahassee Memorial Hospital

1300 Medical Dr,

Tallahassee, FL 32308

Phone: 850-216-0100

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## Appendix F

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### Plain Language Summary of Financial Assistance

#### **Calhoun-Liberty Hospital is dedicated to serving our communities healthcare needs.**

As a not-for-profit hospital we provide emergent and other medically necessary care services, regardless of financial status or the patient's ability to pay. This document is only a summary. Please refer to the Financial Assistance Policy for complete details.

#### Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy:

Patients who qualify for assistance are eligible for income/asset-based, sliding scale discounts for emergency and other medically necessary care. Eligibility is determined based on family income percentages of the current years Federal Poverty Guidelines, as they relate to the chart below.

Eligibility is determined based on family income percentages of the current years Federal Poverty Guidelines (FPG) as indicated below.

- a. Families with 0-100% of the Annual FPG are eligible to receive a discount of 100%.
- b. Families with 101%-150% of the Annual FPG are eligible to receive a discount of 90%.
- c. Families with 151%-200% of the Annual FPG are eligible to receive a discount of 75%.
- d. Families with 201%-250% of the Annual FPG are eligible to receive a discount of 55%.
- e. Families with 251%-300% of the Annual FPG are eligible to receive a discount of 30%.
- f. Families with 300% and up of the Annual FPG are eligible are not eligible to receive a discount.

A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for emergency or medically necessary care than amounts generally billed to patients having insurance covering such care.

#### How to Obtain the Financial Assistance Policy and Financial Assistance Application:

The Financial Assistance Application and Policy can be obtained free of charge by:

- Inquiring at ER or Outpatient Registration
- Calling 850-237-3025
- Visiting our Business Office which is open Monday through Friday from 8:00am to 4:30pm CST
- Visiting our website at <https://www.calhounlibertyhospital.com>

#### How to Apply for Financial Assistance:

To apply for financial assistance, please submit a complete Financial Assistance Application with the required supporting documents to the address or fax below.

**Physical/Mailing Address:**

Calhoun-Liberty Hospital  
Attention: Financial Counselor  
20370 NE Burns Avenue  
Blountstown, FL 32424

**Fax:**

850-237-3011

**For more information regarding our Financial Assistance Policy and assistance with the application process you may call 850-237-3025 or visit our Business Office, which is located directly across the street from the hospital and open Monday through Friday from 8:00am to 4:30pm CST.**