

## FINANCIAL ASSISTANCE

To ensure financial assistance to patients who are indigent and demonstrate an inability to pay for services provided. This program reflects Saint Francis Healthcare System's ("SFHS") tradition as a Catholic institution and our commitment to serving the healthcare needs of our community, by offering discounts of **Uninsured, Presumptive Charity, and Charity**. A list of providers that are covered by this program is attached, and available at [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703. This program shall apply to: (a) all facility charges by Saint Francis Healthcare System; (b) all professional charges for emergency or medically necessary services performed at SFHS hospital facility by those providers covered under this program; and, (c) all charges for emergency or medically necessary services performed at the provider office locations (i.e., physician offices) of those providers covered under this program, except for Piedmont Physician Associates (which shall utilize its own program).

SFHS's policy is to provide emergency and medically necessary services to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, uninsured patients who do not have the means to pay for services provided at SFHS's hospital facility may request to be considered for awards of financial assistance under this program.

Patients that qualify for this program shall only be charged an amount equivalent to the amounts generally charged to individuals with insurance ("AGB"), as determined by the "look back" method described in 26 C.F.R. § 1.501(r)-5(b)(3). For CY 2016, this amount shall be 25 percent of SFHS gross charges.

The definition of uninsured patient is a patient or guarantor: (a) without health insurance for services furnished during the current year; or (b) without health insurance for the services furnished by SFMC (i.e., the service furnished by SFMC is not included in the individual's health benefits coverage through a health insurer, and for which there is no other legally liable third party).

### Uninsured Patient Program

1. All uninsured patients of SFHS shall be eligible for financial assistance, in an amount specified below, upon verification that the patient is uninsured. No application shall be required for any financial assistance offered under this Section.
2. All uninsured patients receiving services at SFHS will receive a discount of 75 percent from gross charges.
3. In the event that an uninsured patient does not pay those amounts specified under this Section, SFHS may take those actions as specified under its Credit and Collections Policy, located at [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
4. SFHS shall provide written notice to the patient of his or her qualification for financial assistance under this Section, how to apply for CHARITY financial assistance, and an application for CHARITY financial assistance.

5. In the event that the patient is later found to possess insurance coverage, the patient's insurance provider will be billed pursuant to SFHS's regular billing policies at the insurance provider's contracted discount.

## Presumptive Charity

1. Any patient shall be eligible for financial assistance under this Section upon qualification under SFHS's presumptive scoring program, in an amount specified below. No application shall be required for any financial assistance offered under this Section.
2. All self-pay accounts will be processed through a presumptive scoring program to determine if they qualify for assistance, taking into consideration the patient's: household income; marital status; employment; estimate of household size; and, estimate of residential value.
3. If the patient qualifies for presumptive charity assistance, the patient account will be reduced to zero (i.e., the patient will not be charged for any medical care delivered by SFHS). Any and all collections and or legal proceedings will cease upon approval.
4. If the patient does not meet the qualifications of this Section, set forth above, SFHS may take those actions specified under its Credit and Collections Policy, located at [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
5. Financial assistance under this Section will only be provided after insurance benefits have been exhausted.

## Charity

1. Charity Guidelines:
  - a. Any patient that provides documentation that their taxable income is at or below 200 percent of the national poverty guidelines (according to family size published by the United States Department of Health and Human Services) and that their assets are less than \$50,000, excluding principal residence and personal vehicle, will be provided medical care at no cost. Patients must submit an application and necessary documentation to verify their qualification with the requirements of this Section.
  - b. Documentation needed:
    - i. Complete copies of the most current Federal Income Tax return including all attached schedules/forms for all applicants or IRS verification of non-filing. Also acceptable is a Social Security / Disability benefits statement. When these documents are unattainable an Income Verification Letter from an employer will be accepted.
    - ii. Current and complete bank statements for all accounts – summary not acceptable.
  - c. If SFHS determines that a patient is eligible for financial assistance under this Section after SFHS has initiated collection proceedings under its Credit and Collections Policy, such collection proceeding shall cease and be reversed (i.e., removing adverse information from credit reports), and the patient will be eligible for assistance under this Section.
  - d. Financial assistance may be granted for rendered service or anticipated future services.

## **FINANCIAL ASSISTANCE**

### **Plain Language Summary**

Saint Francis Healthcare System (“SFHS”) offers financial assistance to financially needed patients that see certain physicians, under SFHS’s financial assistance program (“FAP”). Under SFHS’s FAP, patients may not be charged more than the amounts generally charged to patients with insurance, for emergency or other medically necessary care.

There are certain categories of patients that automatically receive deductions from their bills:

1. Uninsured patients automatically receive a discount of 75 percent from the amounts billed to them. Patients are not required to submit an application to qualify for this discount.
2. Certain patients may automatically receive a discount of 100 percent from the amounts billed to them, based upon certain publicly available information, including the patient’s: household income; marital status; employment; estimate of household size; and, estimate of residential value. Patients are not required to submit an application to qualify for this discount.

If a patient does not qualify for either of these discounts, or, if a patient only qualifies for the uninsured patient discount, the patient may apply for Charity Care. Patients are eligible to receive Charity Care, a 100 percent discount from the amounts billed, if the patient’s taxable income is at or below 200 percent of the national poverty guidelines and the patient’s assets are less than \$50,000 (excluding principal residence and personal vehicle).

In order to apply for Charity Care, a patient must submit an application, their most recent Federal Tax Return (or IRS verification of non-filing) and current and complete bank statements for all accounts (summaries are not acceptable) to SFHS at: Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, Missouri, 63703.

The FAP policy and application are available in-person at, or by mailed request to, Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, Missouri, 63703, or online at [www.sfmc.net](http://www.sfmc.net). SFHS’s Business Office is available to provide information regarding the FAP or to assist patients with the SFHS application process, and may be reached at (573) 331-5217 or 1-866-304-3071.

*The FAP Policy, application, and this plain language summary are available in other languages, upon request.*

- e. Approval or Denial will remain in force for the remainder of the current calendar year following SFHS's determination.
  - f. Financial assistance under this Section will only be provided after insurance benefits have been exhausted.
  - g. If the patient does not meet the qualifications of this Section, set forth above, SFHS may take those actions specified under its Credit and Collections Policy, located at [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
2. Charity Process:
- a. An application for financial assistance under this Section shall be provided to patient upon in-person request, by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703, and it may also be accessed on SFHS's website at [www.sfmc.net](http://www.sfmc.net).
  - b. A completed application for financial assistance under this Section must be returned to SFHS's Business Office, located at Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
  - c. Upon receipt of a patient's application for financial assistance, SFHS shall suspend any collection proceedings as specified in its Credit and Collections Policy.
  - d. A patient who has applied for financial assistance under this Section will be notified of SFHS's decision regarding the patient's eligibility by mail.
  - e. The amount due from patient will be reduced to zero upon SFHS's receipt and approval of a patient's application for financial assistance under this Section. Funds received from patients prior to approval will be refunded or returned if the amount exceeds \$5.49.
  - f. An incomplete application will be returned to the patient with instructions as to how to fully complete the application, as well as a description of any additional, required information needed by SFHS in order to determine the patient's eligibility.
  - g. SFHS's Business Office is available to provide information regarding the FAP or to assist patients with the SFHS application process, and may be reached at (573) 331-5217 or 1-866-304-3071.

## **Publication**

1. Copies of this program, a plain language version of this program, and any application for financial assistance under this program shall be available at SFHS's [www.sfmc.net](http://www.sfmc.net), or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
2. A plain language version of this program shall be offered to patients as part of the discharge process.
3. A conspicuous notice regarding this program; the availability of financial assistance under this program; copies of this program, a plain language version of this program, and any application for financial assistance under this program shall be available at SFHS's website at [www.sfmc.net](http://www.sfmc.net).