



Policy/Procedure

Title: Charity Care	Effective Date: January 2016
Department: Revenue Cycle	Policy #: 2209
	Page 1 of 18

POLICY

It is the policy of Bon Secours Charity Health System (BSCHS) to provide Charity Care in compliance with New York State laws and regulations.

PURPOSE

Bon Secours Charity Health System (BSCHS) a non-for-profit healthcare organization is devoted to continued excellence in patient care and serving the community. The Mission of Bon Secours Charity Health System is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay BSCHS without charge or at amounts less than its established rates while assuring that the long term viability of the hospital is not threatened.

SCOPE

This policy applies to all BSCHS employees, contractors (including collection agencies), medical staff, and residents.

DEFINITIONS

1. The Bon Secours Charity Health System includes three area hospitals:
 - 1.1. Bon Secours Community Hospital, located in Port Jervis, New York, has a primary service area which includes Port Jervis, and the surrounding areas in Orange and Sullivan Counties in New York, Pike County in Pennsylvania, and Sussex County in New Jersey.
 - 1.2. Good Samaritan Hospital, located in Suffern, New York, has a primary service area which includes Rockland and Orange Counties in New York, and Northern Bergen County in New Jersey.
 - 1.3. St. Anthony Community Hospital, located in Warwick, New York, has a primary service area which includes Warwick, and the surrounding areas in Orange County, New York, and Sussex and Passaic Counties in New Jersey.
2. "Charity Care" means inpatient and outpatient medically necessary treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to established hospital guidelines. Such treatment is provided by Bon Secours Charity Health System with the expectation that total payment may not be received. Charity Care does not include bad debt or contractual allowances / shortfalls from government or other programs.

3. “Uninsured Patient” means a patient who lacks any medical insurance coverage or a patient who has exhausted his / her medical coverage.
4. “Underinsured Patient” means a patient who has some form of health insurance coverage but has a significant self-pay responsibility which they cannot afford to pay.
5. “Co-pays and deductibles” mean the required out-of-pocket self-pay responsibility under the terms of a patient’s insurance or government sponsored medical coverage policy.
6. “Bad Debt” is defined as expenses resulting from treatment for services provided to a patient and / or his or her guarantor who, having the requisite financial resources to pay for health care services, has demonstrated by his / her actions an unwillingness to comply with the contractual arrangements to resolve a bill.
7. “Medically Necessary Services” shall mean health care services for the purpose of evaluating, diagnosing, or treating an illness, injury, or disease in accordance with Generally Accepted Standards of Medical Practice. The charity care program is limited to medically necessary services and excludes elective cosmetic procedures. There are no limits on financial assistance based on the medical condition of the applicant.
8. “Emergency Services” are medically necessary services provided through the emergency room.
9. “Elective Services” shall mean all other services not defined as emergency services

POLICY AUTHOR

Revenue Cycle

RELATED POLICIES

– Self Pay Patients – Discounts and Write Offs

PROCEDURE

A. Non-discrimination

Bon Secours Charity Health System shall render medically necessary services to all members of the community, as defined user “Definitions” paragraph one (1) above, who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial charity care will be based on the patient’s ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation, immigration status or national origin.

B. Confidentiality

The need for Charity Care may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure will be guided by these values. No information obtained in the patient's charity care application will be released unless the patient gives express permission, in writing, for such release.

C. Eligibility for Charity Care

- a. All patients who are residents of New York State are eligible for charity care for emergency services. For all other services, BSCHS will offer charity care to patients who reside in Primary Service Area. However, BSCHS will extend its charity care policy for elective services to all residents of New York State and others as may be approved on a case-by-case basis. All available medically necessary health care services, including inpatient, outpatient and clinic services, shall be available to the patients under this policy.
- b. The determination of eligibility for charity care will be made upon receipt of a completed application from the patient or authorized representative. Generally, a patient is presumptively eligible for some form of financial assistance if his or her income level is below 500% of the federal poverty level and he /she follows the procedures outlined in this policy to request assistance.
- c. The hospital will only consider income levels when determining eligibility for charity care. Personal or family assets, including a primary residence, tax deferred or other comparable retirement account savings, college account savings, or cars will not be taken into consideration.
- d. BSCHS will make a determination of eligibility for charity care based upon income levels provided during the application process. Qualification for the charity care program is based solely on the patient's monthly or annual income in relation to the federal poverty guidelines (see appendix "B").
- e. Charity care discounts will be applied based on the guidelines listed in table 7.6 below. The poverty guidelines in this table and in appendix "B" apply to all services.
- f. The maximum amount a patient will be responsible for under this policy will not exceed the discount provided to the average of the commercial payors for that service and Medicare FFS member, in accordance with Section 501(r) of the Internal Revenue Code

Table of Charity Care Tiers Based on Income Levels

Charity Care Tier	Family Income as % Federal Poverty Level	Outpatient Discount of Billed Charges	Inpatient Discount of Billed Charges
Level I Free	<=250 %	100%	100%
Level II Discounted	251% - 350%	50%*	50%*
Level III Discounted	351% - 500%	30%*	30%*
Level IV Limited Exposure	Family Income multiplied by 20% to determine maximum out-of-pocket expense to be incurred. Once reached, then 60% discount*	60%*	60%*

*** But not to exceed the Medicare FFS Rate for the services provided, in accordance with Section 501(r) of the Internal Revenue Code. (This is the AGB, the amount generally billed to individuals who have insurance covering the care)**

D. Application Process

- a. The attached application (see appendix "A") will be used by patients to apply for charity care from BSCHS. Patients who do not have insurance may qualify for charity care based on their monthly or annual income and their family size. Patients having insurance may also be eligible for charity care for their deductibles and coinsurance, if the services are medically necessary. Charity care policies will not apply to portions of the bill covered by insurance, except for applicable coinsurance and deductible amounts.
- b. Requests for charity care may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social service organizations, or hospital personnel. The patient shall be informed of such a request. This type of request shall be processed like any other and be subject to the charity care qualification guidelines.
- c. The hospital shall send anyone who requests information on BSCHS's charity care program an application (see appendix "A") and an informational sheet about the program (see appendix "F").
- d. If hospital has a reasonable basis for believing that a patient may be eligible for Medicaid or other publicly sponsored insurance program, then hospital will have the right to require patient(s) to cooperate in applying for such coverage as a condition for receipt of charity care. BSCHS will document a reasonable, good faith basis for believing the patient may be eligible for Medicaid coverage and will document the reason in the patient's records. BSCHS's charity care representatives will provide application assistance to all patients. Reading, writing and / or translation services, when needed, will be offered to all patients.
- e. BSCHS will make all attempts to have the patient complete a charity care application at or before the time services are rendered. The patient will be allotted ninety (90) days from the date of discharge or from date of service to submit the completed application and an additional twenty (20) days to submit all required documentation.
- f. If verification of financial information is needed, the hospital shall request such information from the patient. Patients may use a variety of information to substantiate financial circumstances, such as paycheck stubs, W-2 forms, and unemployment or disability statements. If those items are unavailable, a letter of support from individuals providing for the patient's basic living needs will be accepted. BSCHS may utilize third-party financial reporting services (i.e. Search America) to verify the information provided. Hospital reserves to request any other documentation as may be allowed under law and state regulations.
- g. If a deposit is requested of the patient prior to non-emergency but medically necessary care, such deposit will be included as part of any financial assistance consideration.

E. Approval Process

- a. The patient shall be notified in writing within ten (10) business days after receipt of the charity care application and any supporting materials as to whether the patient qualifies for the charity care program. The patient shall receive a letter and card stating that charity care eligibility will be effective for a period of one year, barring any change in the financial condition of the patient and family (see appendix "C").
- b. If the patient has applied for and has been approved for charity care within the last twelve (12) months and the patient's financial circumstances have not changed, the patient shall be deemed eligible for charity care without having to submit a new charity care application.

F. Presumptive Charity Care

- a. BSCHS realizes that certain individuals may not overtly request charity care assistance, even if he or she would clearly qualify under the charity policy. While the accounts for these patients will follow the normal collection process, the Medical Center may take the following action:
 - i. Accounts that have been returned from a collection agency as uncollectible bad debt may be reviewed further by the Medical Center using external financial and demographic data validation services provided through a nationally-recognized third party service (i.e. Search America). Such service will provide the Medical Center with, at a minimum, the individual's estimated percentage of the federal poverty adjusted by the family size (obtained through public financial records and demographic data sources).
 - ii. The Medical Center will use this presumptive charity care data to determine which accounts may be reclassified from bad debt to charity care, in accordance with the terms of this policy and the FPL limits outlined in the Charity Care Table above.
 - iii. The documentation sent to the third party service to initiate the background and financial inquiry, as well as all results returned from the third party service, will be maintained in the Patient Accounting charity care files.

G. Denial and Appeal Process

- a. If it is determined that the patient does not qualify for the charity care program, the patient shall be informed in writing within ten (10) working days of the denial. All reasons for denial shall be provided in the correspondence.
- b. Included in the denial correspondence will be information about how to appeal the decision not to grant charity care (see appendix "D").
- c. Each patient denied charity care may petition the hospital, in writing, within thirty (30) days for reconsideration based on extenuating circumstances.
- d. Charity Care appeals will be presented to an ad-hoc Patient Relations Committee which will consist of, but not be limited to, the following individuals:
 - Vice President Revenue Cycle
 - Director, Patient Accounts
 - Director Patient Relations/Advocacy
- e. All appeals will be evaluated on a case-by-case basis taking into consideration the many unique factors impacting a patient's ability to pay. BSCHS may, at its discretion, extend financial assistance beyond that required in this policy.
- f. Patients will be notified of the determination or status of the appeal within thirty (30) days from receipt of the appeal from the patient.

H. Communication

- a. In an effort to notify patients of the charity care program, summary information sheets outlining the Charity Care Program, the application process and contact telephone numbers for additional information shall be available at all patient registration desks and in all waiting areas (see appendix "F"). Additionally, signage indicating the availability of the charity care program will be placed at all patient registration areas.
- b. BSCHS shall provide notice of the hospital's charity care program in English and/or Spanish during any pre-admission, admission, and discharge process (see appendix "G").
- c. All hospital employees in patient accounting, billing, registration, and emergency areas will be fully trained in the hospital's Charity Care policy, have access to the application forms, and be able to direct questions to the appropriate hospital representatives.
- d. All staff with public and patient contact will be trained regarding the availability of a charity care program at BSCHS and on how to direct patients to the appropriate representatives for assistance and further information.
- e. BSCHS will designate individuals in the Financial Aid Office as specialists in the charity care process. These individuals will provide and / or coordinate the assistance measures outlined in this policy and will oversee all aspects of the charity care application process.

- f. A statement regarding the availability of financial assistance programs, including charity care, will be included on all bills and data mailers sent to patients by BSCHS. Included will be information on how to contact BSCHS for more information or to apply for the program.

I. Collection Activities

- a. Any firm contracted with the hospital for collection purposes shall also provide information to BSCHS patients on how to apply for financial assistance, in accordance with all provisions of this policy.
- b. Accounts will not be sent to an external collection agency without the patient or his / her designee having an opportunity and adequate time to develop an alternative payment arrangement with BSCHS (see above). Accounts will also not be referred for collection while an application for financial assistance is pending.
- c. All patients will receive a minimum of thirty (30) days written notice on data mailers / billing statements that their account is subject to referral to a collection agency.
- d. BSCHS will not commence collection activity on any account for which financial assistance has been approved. The application for charity care (see appendix "A") will include a statement that the patient will not be responsible for any bills until such time that a decision on the application has been made.
- e. All legal firms and collection agencies with whom BSCHS may contract for collection services will conduct all collection activities in accordance with this policy and procedure. Further, such firms shall not commence any legal proceedings on an account without the prior written consent of BSCHS.
- f. BSCHS will make best efforts to work with the patient to determine an equitable payment schedule / installment plan for any out-of-pocket expenses, considering the patient's financial and medical circumstances. The monthly payments on any installment plan will not exceed 10% of the patient's gross monthly income and there will be no interest charges on an approved installment plan.
- g. BSCHS, nor any law firm or collection agency with which it contracts, will not force the sale or foreclose of a patient's primary residence to collect an outstanding bill.
- h. BSCHS will not pursue collections against any patient who was eligible for Medicaid at the time services were rendered.

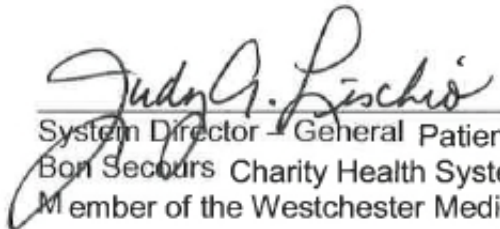
J. Record keeping

- a. All charity care applications will be kept on file for five (5) years. A copy of the patient's charity care application and all correspondence with the patient regarding the approval, denial and appeal will be maintained in the patient's file.
- b. Charity care shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute for Certified Public Accounting. Transaction codes and plan codes will be established in BSCHS's computerized patient billing system to adequately track and report charity care activity.

K. Reporting

- a. BSCHS shall provide a copy of the hospital's charity care program and report the amount of charity care provided in cost and charges in its annual financial statements. The hospital shall file a copy of the hospital's charity care program with all appropriate local and state agencies.


APPROVED BY


System Director - General Patient Accounting
Bon Secours Charity Health System
Member of the Westchester Medical Center Health Network

4/3/17
Date


Sr. Director Revenue Cycle
Westchester Medical Center
Westchester Medical Center Health Network

4/3/17
Date


Executive Vice President, Financial Planning & Managed care
Westchester Medical Center
Westchester Medical Center Health Network

4/3/17
Date

POLICY HISTORY

Bon Secours Community Hospital Original Policy
Good Samaritan Hospital Original Policy
St. Anthony's Community Hospital Original Policy

APPROVAL DATE(S):

01/16 - D		
05/16 - R		
02/16 - R		
03/17 - C		

MM/YY. D for developed, C for changed, R for reviewed

APPENDIX A

**BON SECOURS CHARITY HEALTH SYSTEM
APPLICATION FOR CHARITY CARE/FINANCIAL ASSISTANCE**

**PART A: INFORMATION FOR CHARITY CARE/
FINANCIAL ASSISTANCE APPLICATION ONLY**

Name: _____

Address: _____

Date of Birth: _____ Telephone: _____

Family Size/Number in Household: _____. Identify each member of your household:

Name	Age	Relationship

Employment of Each Member of Your Household:

Name of Person Employed	Employer	Gross Pay	
		\$	wk mo
		\$	wk mo
		\$	wk mo
		\$	wk mo

Household Income (Attach Proof of Income):

	Patient Income	Spouse or Other Income
Wages, salary, tips from employment		
Social Security payment		
Unemployment compensation		
Disability		
Worker's compensation		
Alimony/child support		
Dividends/interest/rentals		
All other income		
TOTAL		

Insurance:

Blue Cross ID# _____ Group _____ Policy Holder _____

Medicare # _____ Suffix _____

Other Ins. Name _____ Policy Number _____ Policy Holder _____

Insurance Deductible/Co-Pays \$ _____

PART B: FOR MEDICAID APPLICANTS ONLY

Personal Assets

Cash on Hand/Money in Bank/Savings Acct(s) \$ _____
Checks/bonds/Securities (Cash Value) \$ _____
Primary residence (Cash Value) \$ _____
Other Real Estate (Cash Value) \$ _____

* * * * *

I hereby request that Bon Secours Charity Health System make a written determination of my eligibility for charity care/financial assistance. I understand that, if the information which I submit is determined to be false, such determination may result in a denial of my application and that I may be liable for charges for services provided. I certify that the above information is true, complete, and correct to the best of my knowledge.

Signed: _____ Date: _____

Bon Secours Health System reserves the right to validate information reported in this application. Efforts to validate personal income, or lack thereof, will be conducted in such a manner as to maintain the utmost confidentiality and will in no way generate any report by any credit bureau agency that could adversely impact the applicant.

If you have received a bill or bills from the Hospital, check here: _____

Once you have submitted a completed application and supporting documentation to the Hospital at the address below, you may disregard any bills until the Hospital has rendered a written decision on your application.

If you have any questions or need help completing this application, please call the Hospital's Charity Care/Financial Assistance Office at (866) 534-6702.

PLEASE FILL OUT AND RETURN TO:

Bon Secours Charity Health System
Charity Care/Financial Assistance Office
400 Rella Blvd.
Suite 308
Montebello, NY 10901
Charity Care/Financial Assistant: Toll free (866) 534-6702
Customer Service Center: (844) 419-2701

*****DO NOT WRITE BELOW THIS LINE*****

Approved _____ Amount \$ _____ Date _____

Eligible Period _____ to _____

Applicant's Share \$ _____ Approved By _____

Denied _____ Date _____

Reason _____

Denied by _____

APPENDIX B

FEDERAL POVERTY GUIDELINES

The Department of Health and Human Services publishes updates to the Federal Poverty Level on its web site at <http://aspe.os.dhhs.gov/poverty/xxpoverty.shtml> (where XX indicates the specific year i.e. 16 for 2016).

For example purposes only, the table below reflects 2017 Federal Poverty Guidelines. However, the determination of eligibility for charity care will be based on the current year guidelines at the time of the patient's application for assistance.

Table B1 – Calculation of Income Levels for Determining Eligibility for Charity Care

Persons in Family Unit	48 Contiguous US States and D.C.	Level I	Level II		Level III		Level IV
		<= 250% of the Federal Poverty Level (FPL) 100% Discount	Between 251% - 350% of FPL The Lower of 50% Discount of Total Charges or the Medicare FFS Rate*		Between 351% - 500% of FPL The Lower of 30% Discount of Total Charges or the Medicare FFS Rate*		OOP > 20% of Income 60% Discount
	Income Level	250%	251%	350%	351%	500%	>500%
1	\$12,060	\$30,150	\$30,151	\$42,210	\$42,211	\$60,300	Family Income multiplied by 20% to determine maximum out-of-pocket expense to be incurred. Once reached, then the lower of 60% discount of total or the Medicare FFS Rate*
2	\$16,240	\$40,600	\$40,601	\$56,840	\$56,841	\$81,200	
3	\$20,420	\$51,050	\$51,051	\$71,470	\$71,471	\$102,100	
4	\$24,600	\$61,500	\$61,501	\$86,100	\$86,101	\$123,000	
5	\$28,780	\$71,950	\$71,951	\$100,730	\$100,731	\$143,900	
6	\$32,960	\$82,400	\$82,401	\$115,360	\$115,361	\$164,800	
7	\$37,140	\$92,850	\$92,851	\$129,990	\$129,991	\$185,700	
8	\$41,320	\$103,300	\$103,301	\$144,620	\$144,621	\$206,600	
Ea. Addt'l	\$4,180	\$10,450	\$10,451	\$14,630	\$14,631	\$20,900	

*** The Medicare FFS Rate for the services provided is the AGB (the amount generally billed to individuals who have insurance covering the care) in accordance with Section 501(r) of the Internal Revenue Code**

APPENDIX C

APPROVAL LETTER



BON SECOURS Charity Health System
Bon Secours Community Hospital
160 East Main Street • Port Jervis, New York 12771

|||||
*****single-piece
JOHN DOE
101 ANYSTREET
ANYTOWN, PA 99999-9999

MER
1 (4)

May 21, 2012

Dear John Doe:

Thank you for entrusting your healthcare needs to us. Your CareCard application has been approved. Bon Secours providing *"Good Help to Those in Need"*®

You have been approved to participate in the Bon Secours Financial Assistance Program and will be required to cooperate with the Eligibility Team on each visit. The Eligibility Team working on behalf of Bon Secours will assist with your application for a government-sponsored health plan. If you do not qualify for a government-sponsored health plan or other insurance product, the CareCard program will allow you to access health care services at most Bon Secours locations. Please contact your physician to determine their participation in the CareCard program.

Please understand the financial assistance program does not apply to treatment related to work injuries, accidents or other treatment for which you receive compensation for your medical bills, pain and suffering and other damages.

Your CareCard is valid for one year, unless you qualify for a government-sponsored health plan or other insurance product. If you need assistance with completing the application, please call our Customer Service Center toll free at 1-877-342-1500 during the hours of 8:30 AM to 1:00 PM and 2:00 PM to 5:00 PM Monday through Friday.

We are committed to helping people and communities achieve health and wholeness as part of the healing ministry of Bon Secours.

JANE DOE
Bon Secours Community Hospital

Z29
01/30/12 - 01/30/13
\$0.00

FA04

ATTACHMENT D

DENIAL LETTER



BON SECOURS Charity Health System
Bon Secours Community Hospital
160 East Main Street • Fort Jarvis, New York 12771

*****single-piece
JOHN DOE
101 ANYSTREET
ANYTOWN, NY 99999-9999

MER
1 (3)

May 21, 2012

Facility: Bon Secours Community Hospital
Patient: Jane Doe
Account #: 12345678
Balance: 3695.84

Dear John Doe:

The Bon Secours Financial Assistance application was received on the above referenced patient. However, you did not comply with the requirements necessary to approve the application. Therefore, your application for Bon Secours Financial Assistance has been denied.

If you have questions concerning this denial, please call our Customer Service Center toll free at 1-877-342-1500 during the hours of 8:30 AM to 1:00 PM and 2:00 PM to 5:00 PM Monday through Friday.

Financial Assistance Department

SIGNAGE

Bon Secours Charity Health System Financial Assistance Program

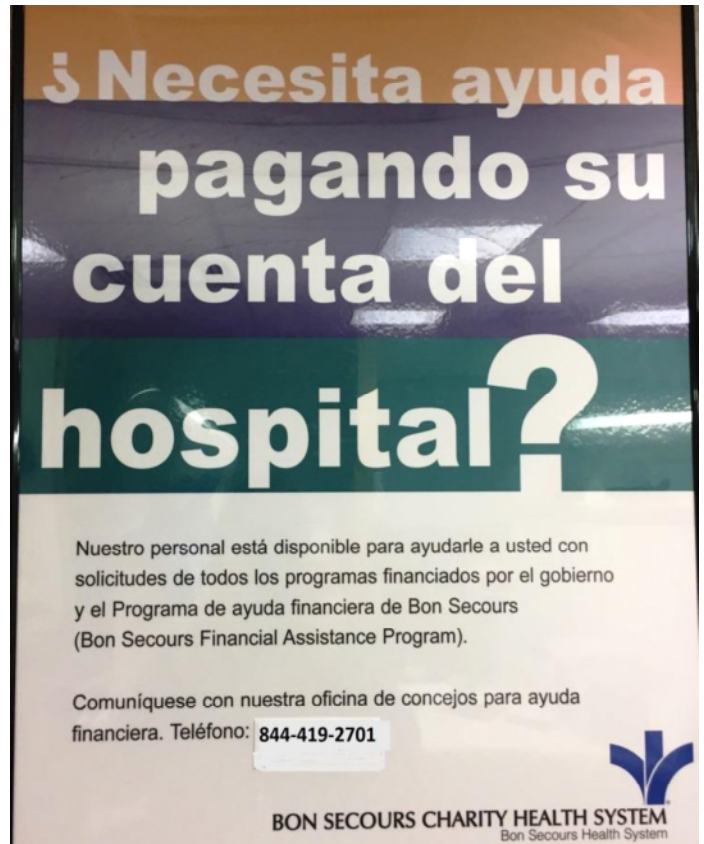
Signs with the following language will be posted at all patient registration areas in both English and Spanish:

“BSCHS has a Charity Care program for patients who financially qualify. Please ask the registrar for details”

Samples:



I



APPENDIX F

BON SECOURS CHARITY HEALTH SYSTEM CHARITY CARE/FINANCIAL AID POLICY INFORMATION SUMMARY

The Mission of Bon Secours Charity Health System is to provide compassionate, quality healthcare services to those in need, regardless of their ability to pay. If you do not have health insurance, we can help you. You may qualify for financial assistance through a government-sponsored program or through the Bon Secours Financial Assistance Program. Our staff and/or representatives are available to help you with the application process for either of these programs.

The Bon Secours Charity Health System includes three area hospitals:

- Bon Secours Community Hospital, located in Port Jervis, New York
- Good Samaritan Hospital, located in Suffern, New York
- St. Anthony Community Hospital, located in Warwick, New York

Financial assistance is available for patients with limited income and no health insurance. Although Bon Secours Charity Health System primary service area as defined above and everyone in New York State who needs medically necessary services can receive care and get a discount if they meet certain income limits. The amount of the discount varies based on your income and the size of your family. Do not be afraid to apply – you may qualify even if you work or own a home or car. You may also apply for a discount regardless of immigration status. Discounted or free care starts at 500% of the federal poverty guidelines.

Persons in Family Unit	48 Contiguous US States and D.C. Income Level	Level I	Level II			Level III		Level IV
		<= 250% of the Federal Poverty Level (FPL) 100%	Between 251% - 350% of FPL The Lower of 50% Discount of Total Charges or the Medicare		Between 351% - 500% of FPL The Lower of 30% Discount of Total Charges or the Medicare FFS Rate*		OOP > 20% of Income 60% Discount	
		250%	251%	350%	351%	500%	>500%	
1	\$12,060	\$30,150	\$30,151	\$42,210	\$42,211	\$60,300	Family Income multiplied by 20% to determine maximum out-of-pocket expense to be incurred. Once reached, then the lower of 60% discount of total or the Medicare FFS Rate*	
2	\$16,240	\$40,600	\$40,601	\$56,840	\$56,841	\$81,200		
3	\$20,420	\$51,050	\$51,051	\$71,470	\$71,471	\$102,100		
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7	\$37,140	\$92,850	\$92,851	\$129,990	\$129,991	\$185,700		
8	\$41,320	\$103,300	\$103,301	\$144,620	\$144,621	\$206,600		
Ea. Addt'l	\$4,180	\$10,450	\$10,451	\$14,630	\$14,631	\$20,900		

*** The Medicare FFS Rate for the services provided is the AGB (the amount generally billed to individuals who have insurance covering the care) in accordance with Section 501(r) of the Internal Revenue Code**

All medically necessary services, including preventative care, are covered under the financial assistance program. This includes outpatient services, inpatient care, and emergency services. Please note that charges from private doctors who provide certain services in the hospital are billed by the respective physicians and may not be covered under this program.

How do I get information about the Financial Assistance / Charity Care Program?

While the Bon Secours Financial Assistance program does not apply to physicians or other providers who are not employed by the hospitals and independently bill for their services, Bon Secours does encourage those physicians to consider the hospitals' financial assistance determination when making billing and collection decisions.

What do I need to do to apply for the program?

Free, confidential help is available for the program. We will help you complete an easy application and will let you know of a few documents that may be needed (photo identification, pay stubs, etc.). If you, your family members, or friends do not speak English, someone will assist you in your own language.

The Financial Counselor can also tell you if you qualify for free or low-cost health insurance such as Medicaid, Child Health Plus and Family Health Plus. If the Financial Counselor finds that you do not qualify for free or low-cost insurance, he or she will help you apply for a charity discount.

Information regarding eligibility for Charity Care/Financial Assistance and the application process is available in the hospitals' Emergency Department and the hospitals' registration/admitting areas and on the hospitals' respective websites. You may also contact representatives knowledgeable about the Charity Care/Financial Assistance program at:

APPLICANTS MUST SUBMIT ALL REQUIRED DOCUMENTS IN THE SAME MAILING TO:

Bon Secours Charity Financial Assistance Program
400 Rella Blvd.
Suite 308
Montebello, NY 10901
Charity Care/Financial Assistant: Toll free (866) 534-6702
Customer Service Center: Toll free (844) 419-2701

What if I have a problem that I cannot resolve with the hospital?

You can call the New York State Department of Health at 1-800-804-5447. Eligibility for Charity Care/Financial Assistance will be determined upon completion of a Charity Care/Financial Assistance application.

APPENDIX G

PATIENT NOTIFICATION OF PROGRAM (PACKET)



P.O. BOX 742431 ATLANTA, GA 30374-2431

FAP APPLICATION COVER LETTER

Facility: GOOD SAMARITAN HOSPITAL
Patient:
Account #
Balance: \$1,575.00

7/17/2015

Dear Linda :

The mission of Bon Secours Health System Inc. is to bring compassion to healthcare and to provide "Good Help to Those in Need"®. As a system of caregivers we commit ourselves to help bring people and communities to health and wholeness as a part of our healing ministry. Bon Secours is committed to providing the highest quality of care to all of its patient regardless of ability to pay.

Please complete the Financial Assistance application and return it in the envelope provided. The following is a checklist of what is required:

- Your signature on the application
- Your household income including family members claimed on your tax return
- Your verification of income - Please provide all that apply
 - Copy of your last (3) pay check stubs
 - Copy of child support or court ordered document
 - Copy of social security or disability check
 - Copy of bank statement
 - Copy of pension or retirement check
 - Statement from an accountant as to your year to date gross earnings
 - Unemployment benefits (if unemployed)
 - SNAP benefits letter
 - Rental income
 - Additional income

How will this process work?

1. You will receive a bill and are responsible for the balance until the completed application and proof of income have been received.
2. It is up to you to return the completed financial assistance application with your proof of income within 30 days.
3. Once your completed application and proof of income are received, your application will be processed within 90 business days.
4. If your application is approved, you will receive a notice of approval.
5. If you qualify for full assistance with no annual liability then you will not receive another bill, you will not owe anything during the qualified time period.
6. If you do not qualify for our financial assistance program, you will receive a denial letter with information regarding our payment options.

If you need additional assistance, please visit a financial counselor at your local Bon Secours hospital or call our Customer Service Department.

Mail Application to:
BON SECOURS FINANCIAL APPLICATION PROGRAM
PO BOX 742431
ATLANTA, GA 30374-2431

Contact Us
Local - Richmond 804-342-1500
Toll Free 877-342-1500
Monday through Friday 8:30 AM to 1:00 PM and 2:00
PM to 7:00 PM

We are committed to helping people and communities achieve health and wholeness as part of the healing ministry of Bon Secours.

Sincerely,
Bon Secours Financial Assistance Program

APPENDIX H

PATIENT BILLS / STATEMENTS MESSAGE

The following language shall be printed on all patient statements / bills generated by the Bon Secours Charity Health System patient billing system:

“To inquire about our Financial Assistance programs, including Charity Care, please contact us:

Toll free (866) 534-6702

Toll free (844) 419-2701