

MERCER COUNTY HOSPITAL  
ALEDO, ILLINOIS  
POLICY AND PROCEDURE MANUAL

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DEPARTMENT:  
General Hospital

DATED:  
March 23<sup>rd</sup>, 2005

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POLICY/PROCEDURE:  
Financial Assistance Policy

EFFECTIVE DATE:  
March 23, 2005

SUPERSEDES POLICY: NA

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- I. PURPOSE: It is the philosophy of the Mercer County Hospital and its covered entities that all people have the right to receive emergent and otherwise necessary medical services regardless of their ability to pay. With that in mind the Hospital also realizes that not all patients are financially able to take care of their medical responsibilities and therefore the Hospital offers a Financial Assistance policy for those who qualify. Mercer County Hospital provides a program administered by the Business Office and Administration of the hospital to assist patients who meet required income guidelines in deferring the cost of the necessary healthcare services provided by our facility. This financial assistance, however, is only provided when all other means of funding has been exhausted.
- II. SCOPE: This policy directly involves the insurer, billing department, Home Health & Hospice Division, Medical Associates Clinic and R&B Medicaid Solutions, when applicable.
- III. RESPONSIBILITY: Director of Patient Financial Services, Business Office Manager and Staff, Medical Associates Staff and Chief Financial Officer.
- IV. EQUIPMENT: Financial Assistance Form
- V. PRACTICE:
  - A) For our self pay patients upon admittance or registration to the Hospital or other entities, we will offer financial assistance for those who qualify and meet the hospitals guidelines set up for this policy as stated below. (For those who choose not to apply for this policy however are self pay, the hospital does offer an 8% one time cash discount, if the account is paid within 30 days.
  - B) Once the patient has completed the Mercer County Hospital approved Financial Assistance Form, then the patient needs to attach the following information/documentation.
    - 1) Prior years tax return
    - 2) If no tax return was filed then the patient may be asked to provide further documentation to substantiate income. (proof that no taxes have been filed can be obtained through the local Workforce Development Office.) If the guarantor or patient is living with a family member and that is their source of income then the hospital may

request additional information from support network sources to verify how monthly living expenses are being met etc.

C) Below is a listing of additional qualifications or possible requirements of this policy.

1) Under this Financial Assistance Policy the Hospital has the discretion to require the patient apply for financial assistance through Medicare or the State of IL Medicaid Program if they so deem that this patient/insured would be a good candidate to receive the coverage. Mercer County Hospital will attempt to provide assistance or guidance through this application process if needed or requested. The patient/insured can decline applying for those programs however should be aware that failure to do so may so may affect their financial assistance determination, as this Financial Assistance Policy should be the payor of last resort once any and all other resources have been reviewed and exhausted.

2) The Hospital will verify the patient's available assets, available income, savings/checking will be considered, monthly expenses and follow the industry guidelines for determining if financial assistance will be provided. Currently the Hospital follows the Federal Poverty Guidelines plus an additional 50% which will total 150% Poverty Guidelines.

3) For self employed individuals Mercer County Hospital does have the discretion to consider other sources of income before approving or denying the application, This may include but is not limited to assets of the business, land, company automobiles etc.

4) The Hospital also has the discretion to consider the patient/insured support network while reviewing their financial assistance application. Example- If a college student is the patient/insured but yet lives at home with their parents and can receive assistance with their bills, the Hospital has the right to deny the applicant based on the information that they have a support network that can and/or has been assisting them with their finances and is willing to do so in regards to the patient's/insured's account. This would/could also possibly apply to a church congregation that helps or offers to help their parishoners/public with medical expenses etc.

5) If at any point it is discovered that a patient/insured has not disclosed their financial situation and/or it has come to the Hospitals attention that some other entity/party may be liable for the patients bill then their financial assistance will be reversed and the patient/insured will be liable for their bill in full. This includes if the patient/insured has insurance coverage but does not disclose that information due to a high deductible or coinsurance.

6) Once we have received a completed application and have made a determination regarding assistance, the patient will receive a statement/letter clarify what if any they will be responsible for, if any questions regarding this determination should be addressed to the Business Office.

7) Once assistance has been determined the hospital will adhere to the assistance determination for a time frame of no more than 6 months or if/when the patients/insured financial situation has changed.

8) Any and all questions regarding the application process should be addressed to the Mercer County Hospital Business Office at 309-582-5301.

VI. AUTHORITY:

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Business Office, Manager

Date

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Director, Patient Financial Services

Date

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CFO

Date