

AMC CLINIC
Financial Assistance Policy

It is the mission of the facility to provide Financial Assistance to those people in need and will not discriminate or deny care to people based on inability to pay or financial circumstances.

Those who qualify for financial assistance will not be charged more than the amount generally billed (AGB) to other patrons for Emergency Services (as described in the EMTALA) or Medically Necessary services. For the purpose of this FAP, "Medically Necessary Services" are defined as "any service ordered by a licensed physician to prevent, diagnose, cure, correct, alleviate or avert the worsening of conditions that endanger life, causes suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction."

AMC Clinic's current Medicare fee schedule will be used to determine the AGB.

Patients that cannot meet minimum monthly payment criteria should be considered for Financial Assistance prior to initiating any collection activity. AMC/AMC Clinic Credit and Collection Policy is available on location or on line at amctoday.org.

The facility criteria for Financial Assistance will minimally follow the Poverty Income Guidelines (below) as well as the following criteria. Those individuals whose income and asset values fall below the minimum criteria would be eligible for 100 percent financial assistance.

INCOME % OF FEDERAL POVERTY GUIDELINE	100%	120%	130%	140%	150%	160%	170%	180%	190%	200%
% OF CHARGES WRITTEN OFF FOR FINANCIAL ASSISTANCE ALLOWANCE	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%

Individuals with Medicaid recipient liability will be considered for Financial Assistance.

Financial Assistance will only be provided after all other third party payments have been exhausted.

Financial Assistance approval will require the patient's cooperation in supplying information as follows:

- Most recent tax return copy
- Completed Financial Assistance application
- Verification from public welfare agencies
- Letter of denial or Letter stating the member liability amount from social services
- Verification of unemployment compensation or workers compensation

To apply for Medicaid, please contact McIntosh County Social Services located in the McIntosh County Courthouse (lower level), at 112 1st Street NE, Ashley, ND 58413, or by phone at 701-288-5170.

Financial Assistance request may be submitted to the approved facility representative. At that time approval of this request will be made within 30 days of receipt provided all aspects of the application are met. Request received with income less than \$25,000 can be approved by the business office manager or the chief financial officer; all others must be approved by the administrator. Such approvals may be subject to the annual budgeted financial assistance dollars. Financial assistance requested that exceeds budget in any year must be approved by the governing board.

“Gross income” means income from any source, in any form, but does not mean benefits received from means tested public assistance programs such as aid to families with dependent children, supplemental security income, and food stamps. Gross income includes salaries, wages, overtime wages, commissions, bonuses, deferred income, dividends, severance pay, pensions, interest trust income, annuities income, capital gains, social security benefits, workers’ compensation benefits, unemployment insurance benefits, retirement benefits, veterans’ benefits,(including gratuitous benefits), gifts and prizes to the extent each exceeds one thousand dollars in value, spousal support payments received, cash value of In kind income received on a regular basis, children’s benefits, income imputed based upon earning capacity, military subsistence payments, and net income form self-employment.

Financial Assistance applications cover outstanding balances for 6 months prior to application approval and any balances incurred within 12 months after the approved date unless the patient’s financial situation changes significantly. AMC Clinic may approve financial assistance outside this time period if it is determined that extenuation circumstances exist.

All providers at AMC Clinic are covered under this policy. However, some services provided locally may include a separate physician charge that is billed directly by the rendering provider’s office, not by AMC Clinic.

****Ashley Ambulance is not covered under this policy****

AMC Clinic Financial Assistance Application

Applicants Name: _____

Address: _____

Social Security #: _____ Phone #: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Employers Phone #: _____

Type of Service Rendered/Requested: _____

Date of Service: _____

Estimated annual income: _____

Family Size _____

Services provided by separate entities are not eligible for this Financial Assistance Program.

Comments:

I/We hereby acknowledge that the information provided to us in this application is true and correct, and authorize the release of information from financial institutions, creditors, and employers, to AMC Clinic for the purpose of verifying the accuracy of information provided in this application. All Alternative payment resources have been exhausted (including Medicaid, Medicare, Insurance, etc.). I will take any action reasonably necessary to obtain such assistance and will assign or pay to the clinic the amount recovered for any clinic charges.

Applicant's Signature: _____ Date: _____

For hospital use only	
Approved amount \$ _____	Date _____
Applicant's share\$ _____	Monthly \$ _____
Denied _____	Date _____
Explain _____	
Hospital Representative _____	
Date: _____	

Assistance with this application is available at Ashley Medical Center, 612 Center Ave N, Ashley, ND 58413 or by calling 701-288-3433.