

Ashley Medical Center Financial Assistance Policy (FAP)

It is the mission of this facility to provide financial assistance to those people in need and not to 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."

Ashley Medical Center'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 Credit and Collection Policy is available on site or on line at www.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%

In addition to cash income, the following assets will be taken into consideration:

Assets value-Maximum Equity Allowances

One Person - \$3,000 and one vehicle of reasonable value.

Two People - \$6,000 and one vehicle of reasonable value.

Add \$2,500 for each additional person.

Adequate Housing Allowance

Depreciated assets must be taken at current value, not book value.

Other assets such as recreational vehicles (snowmobiles, boats, ATV, jet skies, etc.) and similar items exceed the guidelines to qualify for financial assistance. The applicant may liquidate these items and apply the proceeds to outstanding patient balances. After that condition has been met, their financial assistance application will be reconsidered.

Ashley Medical Center will consider financial resources, not only of the hospital patient or guarantor, but of any other persons having legal responsibility to provide for the patient. (example: both parent's of a minor child, or a patient's spouse)

Individuals with Medicaid member liability **will** be considered for financial assistance. Therefore, a person who qualifies for Medicaid coverage is not disqualified from receiving financial assistance.

Approval for financial assistance will require the patient's cooperation in supplying information as follows:

Most recent tax return copy

Completed financial assistance application

Verification of mortgage equity where applicable

Letter of denial **or** Letter stating member liability amount from Social Services

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 requests may be submitted to the approved facility representative. Approval of the request will be made within 30 days of receipt, provided all aspects of the application are met. Requests 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 exceed 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.

"In-kind income" means the receipt of any valuable right, property or property interest, other than money or money's worth, including forgiveness of debt (other than through bankruptcy), use of property, including living quarters at no charge or less than the customary charge, and the use of consumable property at no charge or less than customary charge.

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. Ashley Medical Center may approve financial assistance outside this time period if it feels extenuating circumstances exist.

All providers at Ashley Medical Center 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 Ashley Medical Center.

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

Ashley Medical Center
Financial Assistance Application

Patient Name: _____ Account # _____

Guarantor's Dependents and Income

<u>NAME</u>	<u>BIRTH DATE</u>	<u>RELATIONSHIP</u>

LISTING OF ASSETS

AUTOMOBILES 1. 2. 3.

Year _____

Make _____

Model _____

1. 2. 3.

Balance Owing _____

Monthly Payment _____

Recreational Vehicles (year, make, model)

1. _____

2. _____

3. _____

4. _____

5. _____

Home/Other Real Estate

<u>Asset</u>	<u>Current Value</u>	<u>Balance Owed</u>	<u>Monthly Pmt</u>
1. _____			

2. _____

Cash on hand or in bank accounts: \$ _____

Stocks/Bonds/Securities
(Cash value) \$ _____

Comments:

I/We hereby acknowledge that the information provided in this Financial Statement is true and correct, and authorize the release of information from financial institutions, creditors, and employers, to Ashley Medical Center for the purpose of verifying the accuracy of information provided in this Financial Statement.

Applicant's/Guarantor's
Signature: _____ Date: _____

Applicant's/Guarantor's
Signature: _____ Date: _____

Please check mark that **ALL** necessary information has been included:

____ Application Form ____ Tax Return
____ Mortgage Equity Statement ____ Denial/Member Liability Letter from Social Services

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.