

Policy Title: Financial Assistance and-or Charity Care	
Approved: 4/29/2015	Page: 1 of 1
Retired:	

POLICY:

This center is committed to providing members of the community access to high quality medical care at reduced or no cost to patients who do not have sufficient insurance benefits or other financial resources to assist them.

PURPOSE:

To assist patients in receiving services if they meet the financial requirements.

PROCEDURE:

When a patient requests their account be considered for reduced financial responsibility or charity reduction write-off, the patient is required to complete a FINANCIAL ASSISTANCE FORM.

1. It will be requested of the patient to provide a copy of the previous years Federal Income Tax Statement, W-2 and current payroll stub.
2. Upon receipt of the FINANCIAL ASSISTANCE FORM, the National Poverty Level Sliding Scale will be reviewed to determine where the patient's income resides.
3. If the patient meets or is below the gross income amount of the national poverty level, the appropriate write-off is made applicable to the procedure charge amount.
4. If the patient does not meet the gross income amount of the national poverty level, a sliding scale is reviewed to determine where the patient's income resides, and if a write-off is applicable.
5. The FINANCIAL ASSISTANCE FORM will be kept in the medical chart, and copies provided to the patient as well as the Business Office.

Policy Type:	REV_REVENUE MANAGEMENT
Center:	Winter Haven Eye
Center DBA:	Eye Surgery and Laser Center, LLC

May not be valid after 11/4/2022