

EDWARDS COUNTY HOSPITAL AND HEALTHCARE CENTER
620 W 8th, Kinsley, KS 67547

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| Policy/Procedure #: 2.05 | | Page 1 of 1 |
| Policy Manual: Business Office | Department Approval: <i>Nancy Craft</i> | Date: 7-27-17 |
| | Administrative Approval: <i>Thomas Frankel</i> | Date: 7-27-17 |
| Policy/Procedure: Financial Assistance | Medical Staff Approval: N/A | Date: N/A |
| Effective Date: 07/24/2017 | Dates reviewed & revised: | |
| Replaces Policy Dated: | Retired: | |

PURPOSE:

To provide a basis to determine if a patient is eligible for financial assistance.

PROCEDURE:

1. Patients seeking financial assistance are required to complete an application.
2. The patient shall return the completed application, along with all supporting documents, to the Business Office Manager within 15 days of receipt.
3. The Business Office Manager shall review the application and supporting documentation for accuracy and completeness.
4. The Business Office Manager shall determine that the applicant meets the income criteria for eligibility for Financial Assistance. The income criteria is:
 - A. Annual income of the applicant and the applicant's household does not exceed 100% of the Federal Poverty Level as determined by the Census Bureau based on the size of family. This information can be found on the Department of Health and Human Services website.
5. The Business Office Manager shall review the application, discuss with the patient if necessary, and make a recommendation to the CEO within 15 days of receiving the application from the patient.
6. The CEO shall approve all Financial Assistance on accounts up to \$50,000.00. Accounts with balances exceeding \$50,000.00, shall be approved by the Board of Trustees.
7. When approved, the balance of the patient account will be a write off to administrative adjustment and the patient will have a zero balance.
8. Subsequent requests for financial assistance shall require a new application.