

Title: Cumberland Hospital Policy on Financial Assistance	Manual: Hospital Policies & Procedures Applies to: Hospital X Acute X Residential X
Ref. Policy: N/A	Attachment(s): Financial Disclosure Form
Originated: 08/2022	Policy Number: 130.00
Last Review/Revision: N/A	Approval:

Purpose: It is the policy of Cumberland Hospital, LLC to provide uninsured or underinsured guarantors with the option of completing a Financial Disclosure Form to assist in consideration for Financial Assistance based on financial status. Financial Assistance is at the sole discretion of the facility on a case by case basis utilizing the supporting documentation provided by the guarantor and external credit bureaus. If assistance is granted, it can range from services provided at a discount to without charge.

Responsibility: The following individuals will be responsible for carrying out this policy:

- a. CEO
- b. CFO
- c. Business Office Director
- d. Business Office Staff

Policy: A patient with an outstanding self-pay balance is eligible for consideration for Financial Assistance. An individual who believes that they may qualify for Financial Assistance or has requested that Financial Assistance be provided must submit a Financial Disclosure Form and Proof of Income.

Procedure:

1. Guarantor's Responsibilities:
 - a. Guarantor will complete the Financial Disclosure Form in its' entirety answering all questions, sign and date.
 - b. Proof of Monthly Gross Income is required. Examples of acceptable proof of income include but are not limited to:
 - i. Last pay stub with year to date income or last 3 paystubs
 - ii. Disability or Social Security Award Letter
 - iii. Bank Statement showing consistent monthly deposit
 - iv. IRS form W-2
 - v. Tax Return for self-employed individuals
2. Business Office Director or Staff will complete the following:
 - a. Review the Financial Disclosure Form and Proof of Income for completeness and accuracy. Make any additional notes relayed by Guarantor related to employment status or income.
 - b. Review and note any prior accounts for this patient and attach screenshots to the Financial Disclosure Form.
 - c. Run Equifax FDR and indicate the amount of discount recommended by Equifax.
 - d. Pull and note the Federal Poverty Guideline percentage based on Proof of Income and total number of dependents.
 - i. NOTE: Guarantors who have an income of greater than 200% of Federal Poverty Guidelines will not be eligible for a

financial assistance adjustment. However, other financial assistance may be considered such as a prompt pay discount or interest free payment plan. Each case will be considered on an individual basis by the Business Office Director and final approval lies with the CFO.

3. CFO will review the completed Financial Disclosure packet and notes of Business Office Director/Staff to make the final determination.
4. For Denied applications, Business Office Director will notify guarantor of decision. An interest free payment plan remains an option with CFO approval. Business Office will notate patient account accordingly.
5. For Approved applications, Business Office Director will notify guarantor of approval and apply the approved discount to the patient's account.
6. Business Office will retain the Financial Disclosure packet and notes in the patient's billing chart.