



Patient Financial Assistance Policy

POLICY:

St. Luke Community Healthcare, a not for profit hospital and affiliated medical clinics offering a broad range of medical care, and is committed to providing necessary, available medical services to patients with both efficiency and sensitivity to the patient's medical and financial needs. Patients may be eligible for financial assistance based on financial needs as defined by criteria in the policy. This assistance is available without regard to race, color, creed, national origin, age, disability, or marital status.

All services billed by St. Luke Community Hospital are covered by this Policy.

All services billed by other organization are not covered by this Policy.

The following criteria will be used to determine eligibility.

- 1) Patient care, which is not emergent may not be considered for patient financial assistance.
- 2) Financial Assistance provided by St. Luke under this policy is secondary to all other third parties and financial resources available to the patient. If needed, a Patient Account Representative is available to help facilitate application for other sources of payment. (Medicaid, SSI, SSDI).
- 3) If a person applying for Financial Assistance, would have been eligible for other third party coverage but failed to comply with the terms of that payer and payment was denied, the denied amount may not be eligible for Patient Financial Assistance.
- 4) Accounts older than 6 months from the date of the application may be considered for Financial Assistance on a case by case basis.
- 5) Any account that is in a bad debt status will not be considered for Financial Assistance.
- 6) Assets in excess of those exempt by Montana Bankruptcy Laws may be required to pay down debt prior to granting financial assistance. This does not apply to patients seeking essential care in the clinics or emergency department.
- 7) Patients who receive Public Assistance through another public program will be eligible for financial assistance based on the income guidelines of that program.

PROCEDURE:

The Financial Assistance packet will be given to or sent to the patient, or legal guardian. The patient or legal guardian will be required to return the completed Financial Assistance Application, along with all required documentation, within 30 days.

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www.stlukehealthnet.org

- 1) Patients seen in the clinics and emergency department for essential services are only required to fill out Part 1 of the application. Otherwise each application must be completed in its entirety unless patient is currently on another public assistance program. In that case, only Part 1 of the application will be required. The following proof of income **must** be included with the Financial Assistance Application for patients required to fill out part 2:
 - Payroll check stubs, or other monthly income sources for the last three months for all persons living in the house, whether related or not.
 - Copy of all bank statements for prior 6 months.
 - Copy of latest Federal and State Income tax return, with supporting schedules.
- 2) The patient's financial status will be evaluated using the Patient Assistance Eligibility Guidelines table.
- 3) If St. Luke determines that any material documentation or information submitted is untrue or falsified, the application will be denied.
- 4) After all forms have been completed, applications for accounts up to \$15,000.00 will be sent to the Business Office Manager, the CFO and/or their designees for a decision to approve or deny. Applications over \$15,000.00 will need to go to the Board of Directors for further approval.
- 5) St. Luke will notify the patient or legal guardian in writing of the final determination regarding financial assistance within 60 days of receiving the completed packet.
- 6) Payment arrangements will be made for the adjusted balance. The minimum payment will be \$25.00 a month and the payment span is not to exceed 3 years for all balances. If the balance of the adjusted account is defaulted on, it may be turned to collection.
- 7) Patients who expire with no estate or other known source of payment will qualify for full charity assistance. The patient record must contain verification of no estate.
- 8) Patients identified as transients with no permanent address or means of support will qualify for full charity assistance.
- 9) Patients who wish to appeal any decision made regarding eligibility must do so in writing within 30 days of receiving notification. This appeal must be directed to the Chief Financial Officer.
- 10) A letter stating why the patient is in the position they are. The letter is required for applicants filling out part 2 with a bill greater than \$15,000.

These are guidelines; each individual situation will be reviewed independently. Allowances will be made for extenuating circumstances.



St. Luke Community Healthcare

The **HEART** of the Mission Valley

Sliding Fee Discount Application

It is the policy of St. Luke Community Healthcare to provide essential services regardless of the patient's ability to pay. Discounts for people without health insurance are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to essential services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, X-Ray interpretation by a consulting radiologist and other such services.

NAME OF HEAD OF HOUSEHOLD _____

PLACE OF EMPLOYMENT _____

STREET _____

CITY _____ STATE ____ ZIP _____ PHONE _____

Please list yourself, spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source of Income	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, public assistance, veterans' payments, survivor benefits, retirement income, child support and other miscellaneous sources				
Total Income				

I certify that the family size and income information shown above is correct. I authorize any financial institution, government agency, or like entity, as well as St. Luke, its respective agents and employees, to release any information necessary to verify the contents of this application, and further release all parties from any and all liability arising out of their reasonable efforts to do the same. The undersigned hereby authorizes St. Luke to investigate any references listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility and to obtain a consumer credit report to validate this application.

Name (Print) _____

Signature _____ Date _____

DEFINITIONS:

Assets: Property of all kinds, real and personal, tangible and intangible that is legally applicable or subject to the payment of the patient’s debts, including, but not limited to, cash on hand, checking and savings accounts, vehicles, mineral rights, stocks, mutual funds, and any other investments; provided, however, that “income,” as defined herein, shall not be included in the determination of assets.

Household: A household consists of all persons who occupy the same housing unit as the applicant, and would be recognized as in the same household under the Federal income poverty guidelines. However, if a responsible party is an adult living in a residence with relative (other than a spouse) who are not economically dependent on the responsible party (i.e., parents of an adult child living at home) or with other adults, “household size” for the purpose of determining eligibility of financial assistance excludes the non-economically dependent relatives and any other adults who may be living in the same residence.

Income: Income is the total annual cash receipts before taxes from all sources which includes, but is not limited to, wages and salaries before deductions, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensations, workers’ compensation benefits, veteran’s payments, public assistance payments, Supplemental Social Security Income, Social Security Disability Income, alimony, child support, military allotments, private pensions, government pensions, annuity payments, college or university scholarships, grants, fellowships, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, survivor dependents benefits, contract payments, and net gambling or lottery winnings.

Responsible Party: The patient or any individual legally obligated to pay for the patient’s debts for medical care, excluding third party payers. An adult patient, living in the household of a relative other than a spouse – including an adult, unmarried child living at home – will be considered the “responsible party” for purposes of this policy, without regard to the assets and income of the other relatives living in the household (except a spouse).

St. Luke Community Healthcare												
Patient Assistance Guidelines Table for Self Pay Sliding Fee Discount Schedule effective 04/01/20												
Key:												
Below 150% of Federal Poverty Level (FPL), patient pays at a minimum \$30 fee.												
Between 151% and 200% of FPL, patient pays 25% of charge(s). For example, given a \$120 office visit, the patient would pay \$30.												
Between 201% and 250% of FPL, patient pays 50% of charge(s). For example, given a \$120 office visit, the patient would pay \$60.												
Between 251% and 300% of FPL, patient pays 75% of charge(s). For example, given a \$120 office visit, the patient would pay \$90.												
Above 300% of FPL, patient pays full amount of charge(s). For example, given a \$120 office visit, the patient would pay \$120.												
*Query patient(s) for Medicaid presumptive eligibility if below 150% of FPL.												
Family Size	100% of Federal Poverty Level (FPL)		101% - 150% of Federal Poverty Level (FPL)		151% - 200% of Federal Poverty Level (FPL)		201% = 250% of Federal Poverty Level (FPL)		251% - 300% of Federal Poverty Level (FPL)		> 300% of Federal Poverty Level (FPL)	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above	
1	0	12,760	12,761	19,140	19,141	25,520	25,521	31,900	31,901	38,280	38,281	
2	0	17,240	17,241	25,860	25,861	34,480	34,481	43,100	43,101	51,720	51,721	
3	0	21,720	21,721	32,580	32,581	43,440	43,441	54,300	54,301	65,160	65,161	
4	0	26,200	26,201	39,300	39,301	52,400	52,401	65,500	65,501	78,600	78,601	
5	0	30,680	30,681	46,020	46,021	61,360	61,361	76,700	76,701	92,040	92,041	
6	0	35,160	35,161	52,740	52,741	70,320	70,321	87,900	87,901	105,480	105,481	
7	0	39,640	39,641	59,460	59,461	79,280	79,281	99,100	99,101	118,920	118,921	
8	0	44,120	44,121	66,180	66,181	88,240	88,241	110,300	110,301	132,360	132,361	