

Financial Assistance Application

Barnes-Kasson County Hospital will grant financial assistance to qualified patients on the self-pay portions of their accounts as long as resources are available to finance such care.

In order to receive financial assistance, the application must meet the following eligibility requirements:

1. Care rendered must not be for experimental, cosmetic, or elective reasons and must be medically appropriate;
2. The applicant's financial situation is consistent with the provision of charity care;
 - ✓ Assets are those necessary for the patient's daily living
 - ✓ Income does not exceed the amount needed to meet patient's daily living expenses; and
3. The applicant has applied for federal or state assistance (Medicaid, Chips, VA); or
4. There is no other source of payment for the patient's medical bill; for example, medical insurance coverage; and
5. Bad Debt Accounts are not eligible for financial assistance (Charity Care).
6. For patients who have multiple visits, an application will be required annually to ensure all information is accurate.
7. Medicaid Spend Down will not be eligible for financial assistance (Charity Care).

Attachments:

All applicants must attach the copies of the following. Incomplete applications will be denied.

1. Federal or State tax returns for last year, and/or
2. Copy of most recent social security related income amount if applicable, or
3. Pay stubs for three (3) months for all family unit members who are employed, and
4. Proof of any other source of income.
5. Copy of denial letter from Medicaid (unless determined not required by financial assistance staff)
6. Any other information deemed necessary by financial assistance staff. (i.e.: Proof of no income for family unity members as applicable)

Financial Assistance Application

Please return application and all supporting documentation to:

Barnes-Kasson Hospital
Attn: Patient Financial Services
2872 Turnpike Street
Susquehanna, PA 18847

Today's Date: _____

Please answer all questions completely and to the best of your knowledge in order to prevent delaying this application. Copies of income must be attached or application will be rejected as incomplete. Please complete all areas of applications. Incomplete applications must be rejected.

Patient Name: _____ Phone/Cell #: _____

Address: _____

Birth Date: _____ Marital Status: _____ Pennsylvania Resident (Y/N): _____

Household & Employment Information

List all persons living in household

Name	Social Security #	DOB	Relationship/ Age	Insurance Coverage	MR # (For Office Use)

Was any visit to the hospital in any way related to an on-the-job injury or occupational disease?
If yes, please explain: _____

Are you presently employed? Patient: _____ Full Time or Part Time: _____
Spouse: _____ Full Time or Part Time: _____

Patient's current employer: _____

Employer Address: _____

Length of Employment: _____

Spouse's current employer: _____
Employer Address: _____
Length of Employment: _____

If unemployed, list past employment:

Patient's past employer: _____
Date last employed: _____

Spouse's past employer: _____
Date last employer: _____

Applicant Other Than Patient

If applicant is deceased, please complete the following:

1. Date patient expired ____ / ____ / ____
2. Is there a surviving spouse? (Y/N) ____ If yes, name and address of surviving spouse:

3. Is there an estate? (Y/N) _____ How was this verified: _____
4. Name of person making application _____
5. Relationship to patient: _____

I swear that the above information is correct and complete. Further, I will make an application for any assistance (Medicaid, Medicare, Insurance, etc.), which may be available for payment of my charges. I will take any action reasonably necessary to obtain such assistance and will assign or pay to Barnes-Kasson Hospital the amount recovered for charges.

Applicant Signature Date

For Hospital Use Only: Financial Counselor Completing Application: Date:		
Approved/Rejected/Incomplete: % of approval:	Hospital:	Dental:

Financial Assistance (Charity Care) Program Policy

Scope:

Uncompensated/Charity Care

Purpose:

To provide a financial assistance program to defray the cost of medically necessary services for those patients who meet the guideline set forth in the Charity, Uninsured, Underinsured, and Uncompensated Care Plan.

Policy:

The financial assistance program has been established to defray the costs of medically necessary services for those patients who meet the guidelines set forth in the plan.

Guidelines:

Barnes-Kasson will accept an application for financial assistance from any person at any time. Patients requesting financial assistance benefits must submit a financial assistance application. Financial assistance applications shall be made available at all service sites.

Medically necessary services covered by the financial assistance program are:

- Emergency services including the professional component (physician visit charge)
- Inpatient care including the professional component (physician visit charge)
- Observation care including the professional component (physician visit charge)
- Ambulatory Surgery/Short Procedure services (**Excludes** physician charge)
- Radiology, Laboratory, Ultrasound, and Nuclear Medicine (**Excludes** physician charge)
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Rural Health Clinic services (**Excludes** physicians not employed by Barnes-Kasson, Vaccines, and Pharmacy Items)
- Dental Unit (dentures, implants, specialty/elective services excluded)
- **Skilled Nursing Services, Ambulance, and Home Health Services excluded from plan**

All patients requesting financial assistance must also apply for Medical Assistance (with compliance) and/or any other services available. Barnes-Kasson Financial Services staff will assist in completion of the Medical Assistance application and/or any other service applications as needed.

Exceptions to the requirement of filing a new medical assistance application are (1) a medical assistance denial within the last 4 months; (2) income levels presented upon application would negate the ability to receive medical assistance. New York state residents will need to apply for New York Medical Assistance (emergency care only – New York State Medical Assistance is not accepted for non-emergent services).

If a qualifying event has occurred, patients may still be required to submit a medical assistance application even if they have been denied within the last four months. Qualifying events are described as a major life style altering occurrences since the last application (loss of job, spouse, or medical insurance) or a major medical event that has caused significant medical liabilities.

Patient's denial of medical assistance benefits for non-compliance disqualifies a patient for Barnes-Kasson's financial assistance program.

All patients applying for financial assistance will be required to provide Barnes-Kasson with proper documentation of their income in the form of paycheck stubs and/or income tax returns. Barnes-Kasson may conduct credit investigations at their discretion, as needed, and verification of employment and resources. No financial assistance (charity care) will be approved without the proper documentation.

Eligibility income – household status: Children age 18 or younger need to present income verification as part of the household that is their primary residence. Transitional adults (adults with little or no income who are supported by another person's income) must present income verification of the household that is their primary residence.

Applications can be received by any staff member at Barnes-Kasson registration, emergency room, billing office, administration, dental unit, or directly to a financial services staff member.

Once charity care determination is made, patients and/or responsible parties will be notified in the form of a letter regarding the status of the application regardless of approval or denial status.

For assistance, please call one of our financial services staff members:

Mary Iveson, Social Services	Ext. 189
Irene Roe, Credit Services	Ext. 522
Cheryl Dewald– (Dental Care Only)	Ext. 473

This policy has no affect on the provision of emergency services. All emergent services are provided regardless of insurance status or ability to pay.