



***Pembina County Memorial Hospital
Wedgewood Manor***

SUBJECT: Financial Assistance Policy	REFERENCE #2000
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DEPARTMENT: BUSINESS OFFICE	EFFECTIVE: 1-25-16
	REVISED: 1-28-18

Purpose:

To provide the steps necessary in recognizing patients who for economic and financial reasons cannot meet the requirements of the facility payment schedule in paying bills incurred for service.

Policy:

The facility criteria for financial assistance will minimally follow the Federal Poverty Income Guidelines. Those individuals whose income and asset values fall below the minimum criteria would be eligible for 100 % financial assistance. 2018 Federal Poverty Income Guidelines:

Family Size	Less Than	Greater Than	Less Than	Greater Than	Less Than	Greater Than
1	\$ 12,139.99	\$ 12,140	\$ 18,209.99	\$ 18,210	\$ 24,280	\$ 24,280.01
2	\$ 16,459.99	\$ 16,460	\$ 24,689.99	\$ 24,690	\$ 32,920	\$ 32,920.01
3	\$ 20,779.99	\$ 20,780	\$ 31,169.99	\$ 31,170	\$ 41,560	\$ 41,560.01
4	\$ 25,099.99	\$ 25,100	\$ 37,649.99	\$ 37,650	\$ 50,200	\$ 50,200.01
5	\$ 29,419.99	\$ 29,420	\$ 44,129.99	\$ 44,130	\$ 58,840	\$ 58,840.01
6	\$ 33,739.99	\$ 33,740	\$ 50,609.99	\$ 50,610	\$ 67,480	\$ 67,480.01
7	\$ 38,059.99	\$ 38,060	\$ 57,089.99	\$ 57,090	\$ 76,120	\$ 76,120.01
8	\$ 42,379.99	\$ 42,380	\$ 63,569.99	\$ 63,570	\$ 84,760	\$ 84,760.01
Ea Add'l	\$ 4,319.99	\$ 4,320	\$ 6,479.99	\$ 6,480.	\$ 8,640	\$ 8,640.01

Patient's Share: 0% 30% 60% 100%

Approval for financial assistance will require the patient's cooperation in supplying information as follows:

1. Copy of most recent tax return.
2. Completed Financial Assistance Application.
3. Budget/Financial Statement.
4. Verification of mortgage equity (where applicable).

Requests for financial assistance may be submitted by the guarantor or person acting on behalf of the guarantor. Approval of the request will be granted or denied by the Hospital or CliniCare Business Office Manager by the end of the month the completed application is received or within five working days whichever is later. In addition, approval will also be given by one of the following: Director of Finance, or Chief Executive Officer.

If a patient does not qualify for financial assistance, a letter must be sent indicating that they have not qualified according to hospital guidelines.

EFFECTIVE DATE: 1-28-18

Form: Application for Financial Assistance