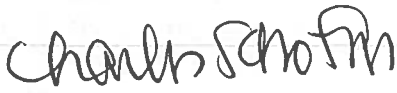


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Indigent and Charity Care

Flint River Hospital will provide financial assistance to qualified patients. This policy shall apply to all non-elective and elective services at Flint River Hospital and Flint River Rural Health Clinic.

It is the responsibility of each Patient Registration Representative, Financial Counselor, Office Manager and / or Business Office employee to provide a Financial Information Form to all potential patients.

It is the responsibility of the Director of Business Services and Office Managers to assure all information is received and all approvals or denials are based on income and family size communicated according to policy.

Policy:

Care will be provided to all patients regardless of their ability to pay. This policy shall extend to all types of services, inpatient, outpatient, and emergency services provided at Flint River Hospital or Flint River Rural Health Clinic.

Indigent Care is based on income and family size.

The definition of **Income**: for purposes of determining financial eligibility under the Hill-Burton uncompensated services program, income includes total annual cash receipts before taxes from all sources. Examples noted:

- wages, tips and salaries before any deductions

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- regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, Supplemental Security Income
- alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household
- private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts
- any assistance from outside the household and other miscellaneous sources

The Definition of **Family**: A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.

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Unrelated individual: An unrelated individual is a person (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the only person living in a house or apartment, or may be living in a house or apartment (or in group quarters such as a rooming house) in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption. Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.

Household: As defined by the Census Bureau for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units (see next definition), but only one household. Some programs, such as the Food Stamp Program and the Low-Income Home Energy Assistance Program, employ administrative variations of the “household” concept in determining income eligibility. A number of other programs use administrative variations of the “family” concept in determining income eligibility. Depending on the precise program definition used, programs using a “family” concept would generally apply the poverty guidelines separately to each family and/or unrelated individual within a household if the household includes more than one family and/or unrelated individual.

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Family Unit: "Family unit" is not an official U.S. Census Bureau term, although it has been used in the poverty guidelines Federal Register notice since 1978. As used here, either an unrelated individual or a family (as defined above) constitutes a family unit. In other words, a family unit of size one is an unrelated individual, while a family unit of two/three/etc. is the same as a family of two/three/etc.

*If the definition of family provided above is used, it must include college students as follows: Students, regardless of their residence, who are supported by their parents or others related by birth, marriage, or adoption are considered to be residing with those who support

1. Indigent – Patients who live in the state of Georgia, whose income has been determined not to exceed 125% of the prevailing Federal Poverty Levels are considered to be eligible for the Georgia Indigent Care Trust Fund Financial Assistance Program. These patients qualify for 100% financial assistance for their hospital or Rural Health Clinic bill.
2. Indigent/Charity Financial Assistance. Patients who have income levels between 126% to 250% of the Federal Poverty Levels will qualify for the Hospital Indigent/Charity Financial Assistance Program and receive assistance as indicated below. Also listed below is the Sliding Fee Scale that is in place at Flint River Rural Health Clinic-Oglethorpe.

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Flint River Hospital Federal Poverty Guideline Scale for Indigent Care.

Income Level	Patient Responsibility
100%-125%	\$0.00
126%-149%	\$50.00
150%-174%	\$75.00
175%-184%	\$100.00
185%-199%	\$150.00
200%-234%	\$200.00
235%-250%	\$250.00

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Flint River Rural Health Clinic-Oglethorpe Sliding Fee Scale

2026 Annual Income Thresholds by Sliding Fee Discount								
Poverty Level*	At or Below 100%	125%	150%	175%	185%	200%	235%	250%
Family Size	Nominal Fee \$0.00	\$ 20% of Charge	\$ 40% of charge	\$ 60% of Charge	\$ 60% of Charge	\$ 80% of Charge	\$ 100% of Charge	\$ 100% of Charge
1	\$13,590	\$16,988	\$20,385	\$23,783	\$25,142	\$27,180	\$31,937	\$33,975
2	\$18,310	\$22,888	\$27,465	\$32,043	\$33,874	\$36,620	\$43,029	\$45,775
3	\$23,030	\$28,788	\$34,545	\$40,303	\$42,606	\$46,060	\$54,121	\$57,575
4	\$27,750	\$34,688	\$41,625	\$48,563	\$51,338	\$55,500	\$65,213	\$69,375
5	\$32,470	\$40,588	\$48,705	\$56,823	\$60,070	\$64,940	\$76,305	\$81,175

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6	\$37,190	\$46,488	\$55,785	\$65,083	\$68,802	\$74,380	\$87,397	\$92,975
7	\$41,910	\$52,388	\$62,865	\$73,343	\$77,534	\$83,820	\$98,489	\$104,775
8	\$46,630	\$58,288	\$69,945	\$81,603	\$86,266	\$93,260	\$109,581	\$116,575
Over 8 add the amount shown for each additional member	\$ 4,720	\$ 5,900	\$ 7,080	\$8,260	\$8,732	\$9,440	\$11,092	\$11,800

- Patients who qualify for out-of-state Medicaid, and eligibility is verified for the current visit by hospital personnel may qualify for the hospital Indigent/Charity Financial Assistance Program. Upon verification, these accounts shall be adjusted under the Indigent/Charity Financial Assistance Program when approved by the hospital Director of Business Services and Chief Financial Officer.

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4. Catastrophic Financial Assistance – Patients whose income exceeds 250% of the Federal Poverty Levels and whose hospital charges exceed 25% of their annual income resulting in excessive hardship. The Business Office representative should request documentation from patient regarding the nature and extent of the financial hardship.
5. Documents shall include information obtained through the income verification process as well as any additional documents that provide evidence of the financial hardship. Examples may be a prior bankruptcy filing, amount of personal debts, and other documentation supporting financial hardship.

Procedure:

Patients may request financial assistance at any time. The Business Services representative or Office Manager will provide the application and instructions for completing the form and the supporting documentation required. Business Office personnel may also inform the patient of the hospital's financial assistance program to determine if the program would apply to the patient's hospital bill. Providing information about the financial assistance program should be completed at the earliest point possible; i.e. during registration and verification of insurance. If the patient is not sure whether they are interested in the program or if they meet the criteria, an application will be given to the patient to complete and return or the hospital will mail a copy of the application to the patient for completion.

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When a patient is deceased; the application may be completed by a spouse, executor, or other member of the immediate family having knowledge of the patient's assets or pending estate. Proof of information furnished will be evaluated for assistance.

Business Services representative shall obtain from the applicant their annual income, bi-weekly, or monthly income.

Business Services representative shall obtain the number of members in the household.

If an applicant has not worked for the past twelve months the Business Representative will obtain information for the period of time the applicant has worked, if any. If the amount is less than annual, the amount provided will be divided by the number of months related to the income and multiplied by twelve to determine an "annual income" for the applicant. Any reasonable method to verify income information necessary to establish eligibility may be used.

Examples of verification include:

- W2
- 1099
- Prior Year Tax Return – Form 1040
- Employer Pay Stubs
- Form(s) approving / denying unemployment compensation

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- Written verification of wages from an employer; the written verification must be an original copy from the employer

Approval and Determination of Indigent and / or Charity Care

Applications that are completed and have verification of income levels will be approved based on the criteria set forth in this policy and per the Federal Poverty Guidelines for that year. Applications with an income at or below the 125% level will be discounted in full as an indigent discount. Applications with an income level > 125% and meet the criteria set forth in this policy shall be discounted per the income schedule above.

The Business Services Director and/or Office Manager will review each application for completeness and will approve each application deemed complete meeting the qualifications set forth in this policy. Once determination has been made regarding eligibility the applicant shall be mailed a letter of approval or denial within ten (10) working days of determination.

Approval will be valid for three (3) months and may include accounts up to one year prior to the current application. The applicant may extend their application an additional three (3) months by presenting proof of income after the initial three (3) month determination / approval date.

The applicant may present their letter of approval at the time of any future visit to determine whether the visit falls within the three (3) month time period or may require and update to the financial assistance application.

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Patient accounts approved shall be discounted from the patient account. Hospital personnel will use the transaction code for Indigent Care or Charity Care Discount. Collections on approved Indigent Care accounts are waived. Some accounts require a payment when the patient qualifies for Indigent Care. Any payment amount outside that initial payment would be transferred to other accounts with balances outside the Indigent eligibility or if no other accounts would be refunded to the patient or individual that made the payment.

There may be times when a write off discount was missed and written off with a later date. There should be notation established for this cause for write off to reflect a certain fiscal year end.

