

## **UNITY MEDICAL CENTER FINANCIAL ASSISTANCE POLICY**

### **PURPOSE:**

Unity Medical Center is committed to providing access to quality healthcare for the community it serves including patients who are uninsured, underinsured, ineligible for a government programs, or otherwise unable to pay to medically necessary care based on their individual financial situations. No patient will be denied Financial Assistance on the basis of age, sex or sexual orientation, race, religion or national origin. Eligibility for Financial Assistance will be determined using an application process that offers patients dignity and confidentially. Financial Assistance may include, but not limited to, full or partial Financial Assistance or reduced monthly payments per Federal Poverty Guidelines for that year.

### **POLICY:**

Unity Medical Center strives to ensure that the financial capacity of people who are needing health care services does not prevent them from seeking or receiving care. Financial Assistance is not considered to be a substitute for personal responsibility. Financial Assistance, if approved, will be a onetime occurrence. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services for their overall personal health, and the protection of their individual assets. Patients are expected to cooperate with Unity Medical Center's procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to pay. All patients with insurances other than Medicare will be required to make their co- payment at time of service per insurance guidelines.

### **GUIDELINES:**

#### **Financial Assistance Application:**

- a. A patient must first apply for benefits from all Third Party Payers. (Insurance)
- b. A patient may not receive Financial Assistance before each of the following requirements is satisfied.
  - All third Party Payers (Insurance) benefit claims have been exhausted.
  - The Patient has signed the application in the space provided certifying that all the financial information and documents disclosed accurately reflect the Patient's household financial circumstances.
  - The Patient has attached all the financial documents requested to the application for verification of the Patient's household financial circumstances.

#### Eligibility Determination:

Unity Medical Center will determine eligibility for Financial Assistance on the basis of the patient's household assets and family income. If the patient's assets are insufficient to pay the amount due, the patient will qualify for financial assistance on a sliding scale comparing the patient's household adjusted gross income to the Federal Poverty Guidelines.

- Patient will qualify for financial assistance on a sliding scale comparing the patient's household adjusted gross income to the Federal Poverty Guidelines for that year.
- Unity Medical Center may reverse a financial assistance adjustment if it later learns the Applicant failed to fully disclose Family Income or Assets, or falsified information submitted to apply for financial assistance.

#### Payment:

For patients who qualify for Discounted Financial Assistance and who are cooperating in good faith to resolve their discounted medical bills, Unity Medical Center, may offer an extended payment plans. For patients who do not cooperate in paying the discounted amount, the financial assistance adjustment may be reversed and full amount before the adjustment will be due within 30 days. After no payment within the 30 day period, the patient account will be sent to an outside collection agency.