Financial Assistance Policy

PURPOSE

Unity Medical Center recognizes that certain individuals are unable to pay entirely or in part for healthcare services provided. The purpose of this plan is to develop a unified system to assist qualified individuals who are unable to pay for their healthcare services. Unity Medical Center is a not-for-profit facility approved under 501(c) 3 of the Internal Revenue Code. Unity Medical Center will admit, treat, and serve all persons without regard to race, creed, color, sex, national origin, gender identity, sexual orientation, handicap, age, or source of income. The Financial Assistance plan shall be applied consistently, and no patient shall be denied Financial Assistance based on any of the aforementioned factors.

Unity Medical Center's Financial Assistance plan is not an entitlement program. Financial Assistance is offered to patients who are financially unable to pay full charges. Inability to pay will be determined by Unity Medical Center and will be based upon specific financial information provided by the patient and/or guarantor.

POLICY

Unity Medical Center recognizes that certain individuals are unable to pay entirely, or in part, for services provided by the institution. It is part of our mission to provide health services, and support for the communities in our service area. The purpose of this policy is to assist those individuals who are unable to pay for services provided. The determination to provide charitable services will be made, when possible, before providing services. However, if complete information on the patient's insurance or financial situation is unavailable, not valid, or if the patient's financial condition changes, the designation as Community Care may be made after billing for those services.
All patients seeking healthcare services at Unity Medical Center are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

DEFINITION

"Uncompensated health care services" are defined as bad debt and Financial Assistance.

"Bad Debt" means claims arising from rendering patient care services that the facility using a sound credit and collection policy, determines to be uncollectible. When a guarantor has the ability to pay but will not, the account shall be classified as bad debt. Bad debt does not include Financial Assistance or government allowances.

"Financial Assistance" means health care services provided to a patient who is not eligible for public programs and who, after an evaluation of the patient's application, is determined to be unable to pay based on the policy. Financial Assistance does not include bad debts or government allowances.

"Income"' means all salaries, wages, pensions, annuities, veteran's benefits, social security payments, recurrent insurance payments, unemployment or workers compensation payments, child support, alimony, interest, rental income, royalties, estate or trust income, tax refunds, compensation for injury claims, business net income plus depreciation, and income from services performed. Unity Medical Center reserves the right to consider the income of a domestic partner as income of the applicant.

"Family" is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

"Gross Charges" is the total charges at Unity Medical Center's full established rates for the patient care services before deductions from revenue are applied

"Amounts Generally Billed (AGB)" No person eligible for financial assistance under the FAP will be charged more medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care. Unity Medical Center determines AGB based on all claims paid in full to Unity Medical Center by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charge for those claims. If you have any questions, please call 701-352-1620, ask for Patient Financial Services.

PROCEDURE

1. Determining Ability to Pay
   The applicant's ability to pay for all or a portion of the facility's amounts general billed charges will be determined on a case-by-case basis. The following criteria will be considered:
   A. **Personal and/or family income (see definition of "income' above).**
   B. **Size of the patient's family (see definition of "family" above)**

   Eligibility for Financial Assistance is based upon the current year Federal Poverty Guidelines. These guidelines will be verified in January (or as soon as available in the Federal Register) of each year. The amount of the deduction from billed gross charges will be calculated on a sliding scale. Income that might be available for payment will be considered in comparison with the Federal Poverty Guidelines. The following scale will be used to determine how much of a patient's account is considered Financial Assistance:
   - 100% Financial Assistance (write-off) for an income level that is less than or equal to 100% of the Federal Poverty Level.
   - 80%-50% Financial Assistance (write-off) for an income level that is above 125% and less than or equal to 200% of the Federal Poverty Level.
   - 44%-25% Financial Assistance (write-off) for an income level that is above 200% and less than or equal to 400% of the Federal Poverty Level.

   Application
   - Applicants must first apply for benefits from all Third Party Payers. (Insurance)
   - Applicants will be asked to complete a Financial Assistance Application for consideration to the program. A copy of the applicant's W-2, most recent tax return, or other proof of income will be required to be submitted with the application.

2. Application Time Limit
   Approved Sliding Fee Discounts application cover outstanding patient balances that have not, at the time of the approved application, been previously deemed as bad debt and any balances incurred for 6 months prior to the approved date. The applicant has the right to reapply once per calendar year or anytime there has been a significant change in family income.

Once the application is complete, the initial determination will be made within 30 days of receipt of the application and all supporting documentation. Unity Medical Center reserves the right to conduct Administrative Determination in regard to all applications.

No account will be placed with a collection agency from the time all supporting documentation is received until the time an initial determination is made. **If the patient does not make an effort to pay private balances that are remaining after the Sliding Fee Scale discount have been applied to the account Unity Medical Center can explore options including offering the patient a payment plan or referring the patient to collections.**

The Patient Financial Services staff will perform the initial evaluation of the financial data and make a recommendation to the Chief Financial Officer. The Manager makes the determination. Patients will be notified in writing or with a phone call of the determination.

3. A Plain Language Summary is a written summary of our Financial Assistance program, who can apply and where to get information. Plain Language Summary is available through Patient Financial Counselors and registration areas at the facility and on our website at www.unitymedcenter.com.

4. List of Providers covered in Financial Assistance
   All services provided by providers contracted with Unity Medical Center will be covered in the Not all providers participate in Unity Medical Center's Financial Assistance Policy. The list of providers covered in our Financial Assistance Policy is attached as Appendix A. The list will be reviewed and updated periodically as needed per IRS rules and regulations under 501(r).

   Some Providers may not utilize Unity Medical Center's Financial Assistance Policy Program and process. Services available for Financial Assistance must be deemed medically necessary and/or emergent.

5. Coverage of Elective Services with Financial Assistance
   Arrangements for Financial Assistance for elective services should be made in advance of receiving the elective services. The patient should contact the hospital's business office to obtain the necessary information.

Approved By: _____, CFO Date: 8/28/23

Updated: 8/23/23