ELKVIEW GENERAL HOSPITAL

Managed by SSM Health | St. Anthony Hospital

Charity Care/Financial Assistance

POLICY

Elkview General Hospital (EGH) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services, EGH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with EGH's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. 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 for the protection of their individual assets. ***This policy does not cover individuals who are eligible or who have access to a group health plan.*** Charity care does not always mean that a medical debt owed to EGH is completely eliminated. There may be a residual amount the patient or guarantor is expected to pay.

In order to manage its resources responsibility and to allow EGH to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

- **Charity Care** – Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria and cooperate fully on completing all forms.

- **Family** – A group of two or more people who reside together and who are related by birth, marriage, or adoption. If the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

- **Family Income** –
  - Includes earnings, unemployment compensation, workers' compensation, Social Security, SSI, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
  - If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).
  - All earnings are based on gross amounts (before-tax basis).
  - Excludes capital gains or losses.
  - Excludes noncash benefits such as food stamps and housing subsidies.

- **Uninsured** – The patient has no level of insurance or third party assistance to assist with their payment obligations.

- **Underinsured** – The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed their financial abilities.

ELKVIEW GENERAL HOSPITAL

Managed by SSM Health | St. Anthony Hospital

PROCEDURES

The Accounts Receivables Manager shall determine the eligibility of each applicant for financial assistance and the Chief Executive Officer will determine final approval.

Services Eligible Under this Policy

- Emergency medical services provided in an emergency room setting
- Services for a condition, which, if not promptly treated, would lead to an adverse change in the health status of an individual.
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
- Medically necessary services, evaluated on a case-by-case basis at EGH's discretion.

Eligibility for Charity

- Eligibility for charity will be considered for those individuals who are uninsured, underinsured (those with private insurance with excessively high deductibles will be considered), ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.
- The request for charity assistance should be requested prior to the account being submitted to a professional collection company.

Determination of Financial Need

- The patient or their guarantor will be required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.
- Items that we will or may ask for include: a completed Patient Financial Worksheet, a copy of the patient's most recent Income Tax Return, a copy of patient's last three paycheck stubs, a copy of patient's most recent monthly bank statement (to look at monthly expenses vs. monthly income).
- We may include the use of external publicly available data, such as credit scoring, to assist in determining financial need.
- We may take into account the patient's available assets, which may include the applicant's liquid assets (e.g. cash, savings, life insurance cash surrender value, etc). The applicant's home will be exempt from any charity consideration.
- We will include a review of the patient's outstanding accounts for prior services rendered and the patient's payment history.
- The application will be good for one year from day of approval, unless additional information relevant to the eligibility of the patient for charity becomes known.

ELKVIEW GENERAL HOSPITAL

Managed by SSM Health | St. Anthony Hospital

- EGH's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Request for charity shall be processed promptly and EGH shall notify the patient or applicant in writing within 30 days of receipt of a **completed** application.

Patient Charity Guidelines

Services eligible under this Policy will be made available to the patient on the following sliding fee scale.

2026 Department of Health and Human Services
Poverty Guidelines
Gross Family Income

Family Size	100%	125%	150%	200%	250%	300%
1	$15,960	$19,950	$23,940	$31,920	$39,900	$47,880
2	$21,640	$27,050	$32,460	$43,280	$54,100	$64,920
3	$27,320	$34,150	$40,980	$54,640	$68,300	$81,960
4	$33,000	$41,250	$49,500	$66,000	$82,500	$99,000
5	$38,680	$48,350	$58,020	$77,360	$96,700	$116,040
6	$44,360	$55,450	$66,540	$88,720	$110,900	$133,080
7	$50,040	$62,550	$75,060	$100,080	$125,100	$150,120
8	$55,720	$69,650	$83,580	$111,440	$139,300	$167,160

Discounts for hospital services for charity will be applied as follows:

% of Poverty	Discount off Billed Charges
Below Poverty	100%
100 – 124%	90%
125 – 149%	80%
150 – 199%	60%
200 – 249%	40%
250 – 299%	30%

Denying Charity Care

- If a request for charity care is to be denied, the applicant will be notified of the reason for denial

- Reasons for denial: Income/Net Worth values exceed criteria specified in policy guidelines, incomplete information and/or failure to cooperate, services are not within allocated charity care services, if any information on the Financial Statement provided are found to be false, if completed application is not received within 30 days.

Presumptive Financial Assistance Eligibility

- There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, EGH could use outside agencies in determining estimate income amounts for

ELKVIEW GENERAL HOSPITAL

Managed by SSM Health | St. Anthony Hospital

the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- State Funded prescription programs
- Homeless
- Participation in Women, Infants and Children programs (WIC)
- Food Stamp eligibility
- Subsidized school lunch program eligibility
- When a state funded agency pays for Part B Medicare
- Low income/Subsidized housing is provided as a valid address
- Patient is deceased with no known estate.

ELKVIEW GENERAL HOSPITAL
429 W Elm – Hobart, OK 73651

INDIVIDUAL FINANCIAL STATEMENT

Name: _____ Phone Number: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____

Occupation: _____ How many live in your household (include yourself): _____

If employed, what is your annual income $_____

If unemployed, list previous employment and when: _____

Spouse's Name: _____ Spouse's Occupation: _____

If employed, what is spouse's annual income: $_____

If spouse is unemployed, list previous employment and when: _____

Read over the following statements and if any them apply to **you** or **your spouse**, mark an "X" on the line preceding the statement and put a dollar amount on the appropriate line following the statement.

____	Do you receive unemployment compensation	$_____ per month
____	Do you receive worker's compensation	$_____ per month
____	Do you receive Social Security	$_____ per month
____	Do you receive SSI	$_____ per month
____	Do you receive a Veteran's payment	$_____ per month
____	Do you receive a pension or retirement income	$_____ per month
____	Do you collect any money from rental property	$_____ per month
____	Do you collect alimony	$_____ per month
____	Do you collect child support	$_____ per month
____	Do you have any other source of income	$_____ per month

ELKVIEW
GENERAL HOSPITAL

Managed by SSM Health | St. Anthony Hospital

If there are other comments you wish to make which may help in determining your charity case, please write them down. _____

This financial statement that I have filled out and submitting to Elkview General Hospital for the purpose of receiving charity care or financial assistance is true and complete representation of my financial condition as of this date.

_____ _____
Signature Date Spouse's Signature Date

_____ _____
Social Security Number Date of Birth Social Security Number Date of Birth

ELKVIEW GENERAL HOSPITAL
429 W Elm – Hobart, OK 73651

Application Form – Presumptive Eligibility
Patient Charity Care Discount

Patient's Name: _____
Last Name First Name Middle Initial

_____ _____
Patient's Mailing Address Patient's Physical Address

_____ _____
City State Zip Telephone Number

Patient's Date of Birth: _____

The person filling this form out is: _____ The Patient _____ The Guarantor

_____ Other (please state your relationship to the patient) _____

Instructions:

- Please indicate that the patient is eligible for a charity care discount because the patient is in one or more of the following categories.
- Please initial on the line or lines preceding the category that is applicable.
- If at all possible, we need a document attached that is relevant to the category or categories chosen.

_____ 1. Patient has received care from and/or has participated in Women's, Infants, and Children (WIC)

_____ 2. Patient is homeless.

ELKVIEW
GENERAL HOSPITAL

Managed by SSM Health | St. Anthony Hospital

_____ 3. Patient is eligible for and is receiving food stamps.

_____ 4. Patient's family is eligible for and is participating in subsidized school lunch programs.

_____ 5. Patient qualifies for other state or local assistance programs such as "Family Planning Only"

_____ 6. Family or friends of the patient have provided substantial information establishing the patient's inability to pay.

_____ 7. The patient's street address is in a subsidized housing development area.

_____ 8. Patient or guarantor's wages are insufficient for garnishment, as defined by law.

_____ 9. Patient is deceased, with no known estate.

_____ 10. Other – please provide explanation _____

_____
Signature of Person Filling Out Form

_____
Signature of EGH Representative

_____
Date

_____
Date

ELKVIEW GENERAL HOSPITAL

Charity Care / Financial Assistance

Total Income from all sources: $_____

Employer 1 Verified: _____ Yes _____ No

Employer 2 Verified: _____ Yes _____ No

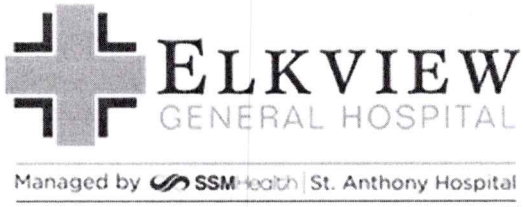
APPLICANT APPROVED _____

APPLICANT NOT APPROVED _____

Reason for Denial:
____ Income exceeds criteria
____ Incomplete information
____ Patient failed to cooperate
____ Services not within allocated services
____ Information found to be false
____ Completed application not received within 30 days

Date applicant notified: _____

_____
Hospital Authority



ELKVIEW GENERAL HOSPITAL
429 WEST ELM
HOBART, OK 73651
(580) 726-1900

Patient Notification of Charity Care / Financial Assistance

Patient's Name: _____

Medical Record Number: _____

Admission Number(s): _____

Upon review of your application, the following decision has been rendered:

_____ You are eligible for 100% charity care. You are not responsible for your current account, which is $_____ for date(s) of service _____

_____ You are eligible for Financial Assistance. EGH will write off _____% of your current account. The balance that you are responsible for is $_____.

_____ You are not eligible for charity care or financial assistance. You are responsible for the full amount of the hospital bill. Reason: _____

If you have any questions, please call our Business Office at (580) 726-1964.

_____
Hospital Authority