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| Patient Name | |
| Account Number | |
| MRN Number | |
| Balance Considered | |
| Date Due for Review/ Consideration | |

COMMUNITY CARE PROGRAM

We understand that some patients are not able to pay all of their medical bills. For that reason, Puget Sound Gastroenterology PS, now in Partnership with Gastro Health has established the Community Care Program to provide discounted care to those who need it. **Please be advised that if services were rendered from a hospital visit, our charges are billed separately from the hospital charges and will require a separate application in order to be considered for any charity write off.** The following are some general guidelines and supporting documentation requirements needed to be considered for our program:

PURPOSE:

To provide, within reasonable limitations and the financial ability of Puget Sound Gastroenterology PS, now in Partnership with Gastro Health, critical services to patients who do not have sufficient financial resources to pay for services rendered or to be rendered. The Program provides for evaluation, consistent with the criteria stated below, of financial need of the patient or responsible party for the patient.

Eligibility Requirements:

1. The patient requesting charity care must be a Washington State resident. For purposes of this policy, a patient is considered a resident of Washington if (a) the patient is not entering Washington State solely for the purpose of seeking medical care, and (b) prior to the beginning of the course of care, the patient's primary residence is located in the State of Washington. Exceptions to the Washington State residency requirement in the Charity Care Policy are:
 - a. A patient who has an emergency medical condition, consistent with applicable federal and state laws and regulations.
 - b. A refugee, asylee, or a person seeking asylum who possesses and can present United States Citizenship and Immigration Services (USCIS) documentation.
2. Patient with income within Puget Sound Gastroenterology PS, now in Partnership with Gastro Health's Poverty Guidelines (refer to Sliding Fee Schedule A) which are based on the Federal Poverty Guidelines.
3. Patient has been screened and determined ineligible for Medicaid or other state programs.
 - a. This may also include Medicaid program in which has limited assistance *example: Medicare premium coverage only, Spenddown, or Limited Medical*
4. Patient must first exhaust all other funding sources for which the patient may be eligible.

Criteria for Evaluation:

Requests for charity care will be accepted from any source. Typically that will be physicians, community or religious groups, social services, financial services personnel, or the patient. If Puget Sound Gastroenterology PS, now in Partnership with Gastro Health becomes aware of factors which might qualify the patient for charity care under this policy, it will advise the patient of this potential and make an initial determination.

- 1) The patient indicates and appropriately and adequately demonstrates an inability to pay for services rendered or to be rendered. For all purposes of this Policy and the Program, all references to "patient" shall include, as may be applicable, the responsible party for the patient. The Program recognizes, addresses, and is limited to the needs of patients who are "indigent persons" as defined by [WAC 246-453-010\(4\)](#), which may include those who need assistance with medical bills due to temporary or permanent disability or inability to work as a result of catastrophic illness or injury. In the event that there are limited charity care resources due to budgetary constraints, District residents may be granted priority consideration of charity care eligibility for non-emergency care only. Under no circumstances will Puget Sound Gastroenterology PS, now in Partnership with Gastro Health deny access to emergency care to any individuals based on an inability to pay and/or inability to qualify for charity care.
- 2) Pursuant to [WAC 246-453-010\(7\)](#), services covered under the Program shall include only appropriate participating physician practice medical services. "Appropriate medical services" shall mean those services which are reasonably calculated to diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For this purpose, "course of treatment" may include mere observation or, where appropriate, no treatment at all.
- 3) When a patient wishes to apply for charity care sponsorship in the Program, the Patient shall complete a Confidential Financial Form ("**CFF**") and provide necessary and reasonable supplementary financial documentation to support the entries on the CFF. The application procedures shall not place an unreasonable burden upon the patient, taking into account any barriers which may hinder the patient's capability of complying with the application procedures.
- 4) Initial review of a patient's application and recommendation for approval of charity care sponsorship shall be the responsibility of appropriate personnel; Patient Financial Services department. This may include a phone interview.
 - a. Patients with family income equal to or below one hundred percent (100%) of the [federal poverty standard](#), adjusted for family size, shall, pursuant to [WAC 246-453-040\(1\)](#), be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate medical services that are not covered by private or public third-party sponsorship and provided that such patients are not eligible for other private or public health coverage sponsorship.
 - b. Patients with family income between one hundred one and two hundred percent (101% - 200%) of the [federal poverty standard](#), adjusted for family size, shall, pursuant to [WAC 246-453-040\(2\)](#), be determined to be indigent persons qualifying for full or partial charity sponsorship, which allows for discounts from charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship, in accordance with the Puget Sound Gastroenterology PS, now in Partnership with Gastro Health's sliding fee schedule and policies regarding individual financial circumstances as set forth herein.
 - c. Pursuant to [WAC 246-453-040\(3\)](#), Puget Sound Gastroenterology PS, now in Partnership with Gastro Health, may, in appropriate circumstances and in its sole discretion, classify a patient whose family income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon the patient's individual financial circumstances.
 - d. Employment Standard – A patient and/or the account guarantor's employment status and future earning capacity will be evaluated. Patients may be qualified due to reduced future earning potential, even if past income exceeded standards. Alternatively, future earnings sufficient to meet Puget Sound Gastroenterology PS, now in Partnership with Gastro Health's obligation within a reasonable period (e.g., a patient's returning to work within 6 weeks after service) will also be taken into consideration.

- 5) When the patient is eligible for and meets the guidelines and requirements for charity care sponsorship in the Program, the Patient Financial Services Representative shall forward such recommendation to the Patient Financial Services authorized designee for review. Within fourteen (14) days of receipt of all necessary information to make a final determination of Program eligibility, the Patient Financial Services designee shall notify the patient of the final determination, including a determination of the amount for which the patient will be held financially accountable.
- 6) In the event of a recommendation of denial of an application for charity care sponsorship in the Program, the Patient Financial Services Representative shall forward such recommendation to the Patient Financial Services authorized designee for review. The Patient Financial Services designee will, after review of all relevant information, make a final determination of sponsorship status of the patient. The final determination shall be made within fourteen (14) days of receipt of all necessary information.
- 7) The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Patient Financial Services department within thirty (30) days of receipt of notification. All appeals will be reviewed by the Patient Financial Services Administrative Management Team and the Chief Financial Officer or equivalent designee. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law. The failure of a patient to reasonably complete appropriate application procedures shall be sufficient grounds for the District to initiate collection efforts directed at the patient.

Please note: If your application is approved for a 100% write off or a partial write off, eligibility is granted on a six month basis. If additional services are rendered after this six month approval period, you must reapply for the Community Care Program.

If your application is denied based on your income, Puget Sound Gastroenterology PS, now in Partnership with Gastro Health offers payment plan options to assist our patients. Please contact our billing office at (888) 851-0105 to arrange a payment plan.



COMMUNITY CARE PROGRAM

An official letter from DSHS denying Medicaid or an eligibility determination letter denying Washington Apple Health is required to be considered for the Community Care Program. In order to obtain the applicable denial letter, you must first formally apply for benefits. Below are three ways in which to apply for benefits:

To Apply For Medicaid Benefits Online:

If you are blind, disabled or over the age of 65 apply for Medicaid by visiting:

<https://www.washingtonconnection.org>

If you are a parent with dependents, a caretaker, pregnant or between the ages of 18 to 64, apply for Washington Apple Health (Medicaid) by visiting:

<http://www.wahealthplanfinder.org>

*Please note: It is important that when asked if you would like to apply for Washington Apple Health on the wahealthplanfinder website that you select "yes".

To Apply For Benefits By Phone:

Call the Department of Health and Social Services at (800) 562-3022

To Apply For Benefits In Person:

Go to a local Community Services Office. To locate the nearest Community Services Office (CSO), visit website: <http://www.dshs.wa.gov/onlinecso/findservice.shtml>. On the right-hand side of the page, enter your zip code and the address of the closest office will be listed below.

Puget Sound Gastroenterology PS, now in Partnership with Gastro Health
Confidential Financial Form

Patient Name: _____ Date of Birth: _____

Patient Social Security Number: _____

Responsible Party: _____ Relationship to Patient: _____

Mailing Address: _____ City, State: _____ Zip Code: _____

Home Phone Number: _____ Alternative Phone Number: _____

Patient Insurance Information: _____

Patient Employer: _____

Work Phone Number: _____

Number of People in Household: _____

I understand this information will be used by my physician's office to determine my eligibility for its voluntary charity care program. I certify the information provided is true and accurate to the best of my knowledge. If it is determined that pertinent information has been falsified or withheld, I understand this office may re-evaluate my financial status and take whatever action deemed appropriate.

Patient's Signature Date
(If patient is a minor, responsible party signature)

This page must be completed and ALL of the following documentation is MANDATORY and must be provided OR your Application will be denied without any further reconsideration.

- Proof of All household income (Spouse) for the past three months. Any of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status:
 - a. "W-2" withholding statement; pay stubs
 - b. Social Security Letter to show monthly benefits
 - c. Unemployment Letter or Screen Shot of proof of ongoing weekly benefits
 - d. written statements from employers or welfare agencies
 - e. Evidence of excess resources will be considered only if the Patient is determined to be at or above 101% of the federal poverty standards.

- income tax return from the most recently filed calendar year
 - a. If you do not file example: Social Security or Disability please explain:

- A Full Copy of your three recent Checking and Savings bank statements (complete summary is required please do not submit the summary only this will cause either delay or full denial of application)
- DSHS (Medicaid) letter accepting or denying medical benefits
 - a. Screen Shot of denial is also accepted as long as your information is clearly shown
- If you are not a US Citizen please supply copy of present United States Citizenship and Immigration Services (USCIS) documentation.

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Please return application to:

Gastro Health
DBA Puget Sound Gastroenterology Attn: RCM Charity Care
9500 S Dadeland Blvd. Suite 200
Miami, FL. 33156

For faster processing, please return the documents electronically to scpatientcollectors@gastrohealth.com