

# Charity/Financial Assistance Policy

## Policy Statement:

Tryon Endoscopy Center's policy is to provide quality healthcare services to all patients, without discrimination, regardless of their ability to pay.

## Scope:

Those patients without the income, financial resources, or third-party insurance coverage to pay for physician services may be deemed by Tryon Endoscopy Center to be in need of financial or charity assistance.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Tryon Endoscopy Center to qualify for charity assistance or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

## Definitions:

- **Charity/Financial Assistance:** Programs for some low income, uninsured individuals may qualify for based on income levels.
- **Family:** Per the US Census Bureau, a family is defined to be a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of determining financial assistance.
- **Uninsured (Self-Pay):** A patient who has no third-party insurance coverage to pay for medical services.
- **Underinsured:** A patient who has third party insurance coverage which pays for a portion of medical services leaving the patient with out-of-pocket expenses that exceed his/her financial abilities.
- **Medically necessary:** As defined by Medicare, medically necessary services are services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

## Financial Assistance Determination:

The Financial Assistance Program ensures that all eligible individuals receive medically necessary care regardless of their ability to pay. The program is available for patients with a household income of at or below 250% of the Federal Poverty Level (FPL) Guideline for their family size which can be found at <https://aspe.hhs.gov/poverty-guidelines>. The granting of charity assistance shall be based on an individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Tryon Endoscopy Center will look at other sources of payment prior to offering Financial Assistance such as Internal Discounted Payment Plans and Medicaid Eligibility.

# Charity/Financial Assistance Policy



Financial Assistance applies to any patient balance after all insurance and/or other financial benefits, including but not limited to State and Federal assistance programs. Financial Assistance is available only for medical services that are reasonable and necessary for the diagnosis and treatment of illness or injury. Eligible individuals may not be charged more than amounts generally billed for medically necessary care. Services that are considered cosmetic or patient convenience do not qualify for Financial Assistance.

## **Determining Eligibility for Charity**

Patients will be asked to complete a Financial Assistance cover letter with the application and provide supporting documentation which may include the following:

1. Photo identification
2. Family size
3. Income documentation
4. Income Tax Return
5. Copies of last month pay stub(s)
6. If married, copies of last month pay stub(s) for spouse
7. Expenses (including medical bills)

The Financial Assistance application will be reviewed, and approval will be based on FPL Guidelines. The approval is effective for six months. The patient will be informed of their patient responsibility. The patient may be asked to meet with a financial counselor to further determine needs and how to set up and maintain payment plans.

## **Payment Plan Guidelines:**

- A 28% discount is available to patients with no insurance
- If a patient's balance cannot be made in full at the time of receiving a statement from Tryon Endoscopy Center, a payment plan will be offered according to the following terms:

<b>Balance</b>	<b>Payment Term</b>
\$0-\$499	3 months to pay off balance
\$500-\$999	6 months to pay off balance
\$1,000 and greater	12 months to pay off balance

An application and/or copy of the Financial Assistance Policy may be obtained at the Tryon Endoscopy Center or by sending a request to **16817 Marvin Road, Charlotte, NC 28277**.

Help with completing the application can be provided by a Financial Counselor or by calling: **704-495-6324**.

<b>Patient's Responsibility until Determination is made:</b>
Patient is responsible for any bills until their application has been reviewed and approved for financial assistance.