



**Thorek**  
MEMORIAL HOSPITAL

**Origination:** 03/2004  
**Effective:** 08/2019  
**Last Approved:** 08/2019  
**Last Revised:** 08/2019  
**Next Review:** 07/2022  
**Owner:** David Novick: Director of Ambulatory Care  
**Area:** Administration  
**References:**

## Financial Assistance/Uninsured Patient Discount / Presumptive Eligibility (AD-115)

Thorek Memorial Hospital (TMH) is committed to meeting the needs of everyone in their communities, including those who cannot pay for their care. Therefore, TMH is providing financial assistance to all patients who qualify under this policy to receive financial assistance and discounted services.

### Commitment to Provide Emergency Medical Care

TMH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. TMH will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd (EMTALA), are provided to all TMH patients in a non-discriminatory manner, pursuant to the TMH's EMTALA policy.

### Eligible Services

This policy applies only to charges for emergency or other medically necessary services provided by TMH. Elective services are not eligible for financial assistance. Attached to this policy as **Attachment A** is a list of all providers, in addition to TMH itself, delivering emergency or other medically necessary care at TMH that specifies which providers are covered by this policy and which are not covered.

### Financial Assistance Policy

TMH patients whose income level falls below 600% of the federal poverty level (FPL) will be considered for financial assistance. Financial assistance is defined as the forgiveness of all or a percentage of the outstanding patient debt for an inpatient admission, an outpatient encounter at TMH or any medically necessary care provided by the hospital. Financial assistance will be granted to those patients, regardless of sex, race, color, creed or religion, who:

- Lack third party insurance coverage,
- Have inadequate insurance coverage,
- Fail to be approved for financial assistance through established programs, such as Public Aid,

- Have filed for bankruptcy and have had debt discharged,
- Meet the eligibility criteria below,
- Credit report indicating credit score of under 600 and/or multiple creditors identifying accounts as seriously delinquent,
- Have limited assets to fulfill financial obligations.

## Financial Assistance Eligibility and Application

Eligibility for financial assistance shall be determined solely by TMH based upon obtaining financial information from the patient in a sensitive and confidential manner. Patients must submit an application form (**Attachment B**) and submit it to TMH in person, by mail, by electronic mail, or by fax (see below for contact information) in order to apply for financial assistance. Determination of financial assistance eligibility shall be at the earliest opportunity but in no manner will it interfere with rendering of care. The financial information to be provided and reviewed for eligibility includes, but may not be limited to:

- A completed asset and liability information worksheet (see attached application for financial assistance),
- Proof of income (e.g. 1040 tax return, W-2 forms and three recent pay check stubs),
- A copy of the most recent bank statements for all checking, savings, and investment accounts,
- A computer printout from the State of Illinois showing unemployment benefits received during the last year if any,
- Documentation of monthly living expenses,
- Any other pertinent information provided and/or requested that would help determine eligibility.

Approval will be granted based upon the following:

- Federal poverty income guidelines:
  1. Income level 200% or below the FPL – 100% forgiveness,
  2. Income level 201%-600% of the FPL –
    - a. For uninsured patients, the patient pays the lesser of the following two methods: 135% of cost (per Uninsured Patient Discount Policy below), or AGB (the Medicare allowable amount),
    - b. For insured patients, with regard to the patient-responsible balance after insurance, the patient pays no more than AGB (the Medicare allowable amount),
  3. Forgiveness amounts determined by TMH are dependent upon asset/liability considerations,
- Patient cooperation in applying for medical assistance or other financial resources that may be available from outside sources,
- Patient/Guarantor payment history,
- Other patient assets available to pay the bill,
- Total resources available to patients,
- Verification that no other source of payment (Title XIX, local welfare, guardian, etc.) is available to the patient,
- Application and all supporting documentation are received at time of service or within 60 days of service date or determination of patient responsibility.

Approval for the financial assistance will be based on the level of outstanding debt, as follows:

Account Balance	Approval Authority
Up to \$2,500	Collection Supervisor
\$2,501-\$5,000	Director, Patient Accounts