

SUBJECT: CHARITY CARE POLICY	805.PFS.C0001
DEPARTMENT: PATIENT FINANCIAL SERVICES / ADMIN	PAGE: 1 OF 2 +2 FORMS EFFECTIVE: 4/28/2000
APPROVED BY: DIANNE DAVIDSON, CEO	REVISED: 2/16/2010, 4/4/2011, 10/6/15, 6/29/16, 9/26/16, 9/20/17, 11/5/18, 5/27/21, 3/8/22, 6/30/23

POLICY:

As a part of the Hospital’s mission to serve the healthcare needs of the community, UGH will offer charity care to patients without financial means to pay for hospital services. It is the policy of UGH to distinguish charity care from bad debt expense.

Charity care will be provided to all patients who present themselves for care at UGH without regard to race, creed, color, or national origin, who qualify according to the Hospital’s eligibility system.

Charity care is defined as medical care provided to patients with a demonstrated inability to pay for those services. Bad Debt Expense is defined as write-offs due to a patient’s unwillingness to pay for medical care provided.

PROCEDURE:

- **Mammogram Patients**

- Charity care is not available for patients seeking elective services and/or procedures unless it pertains to “Screening Mammogram.”
- Complete the Charity Care Assistance Application form attached – Exhibit A (only requirement – Note: W-2 and IRS Form not required for screening mammogram).

- **Inpatients & Emergency Room Patients**

Inpatients and Emergency Room patients at UGH without third party coverage, with Medicaid Insurance that have non-covered charges, or with third party coverage that has an annual deductible of \$5,000 dollars or more, will be eligible to be evaluated and screened for charity care coverage for 100% percent discount of their hospital services. Our basis for Charity Care assistance is 100% percent of Gross Charges.

To qualify for charity care, a patient must not qualify for any federal, state, or local payment program(s), other than accounts with Medicaid non-covered charges that were mentioned above, for the charges incurred at UGH, and must be a resident of Union Parish. The charity care program will only be used as a last resort.

A patient must complete an Application for Charity Care Assistance (attached Exhibit A) and Charity Acknowledgement form (Exhibit B, when applicable) for UGH to determine eligibility for its charity care program.

Our Financial Counselor will be available for patients to answer questions or assist in completion of the Charity Care Assistance application form. To be eligible for charity care, a patient/family’s income shall be 250% of the current federal poverty guidelines. The patient/family’s income must be at or below the corresponding amount based on family size. If a patient with Medicaid coverage has non-covered charges, no additional screening will be required to qualify for Charity Care. Patients with third party coverage that have deductibles of \$5,000 dollars or more must have an account balance due of at least \$1,000 dollars that was caused by an unmet deductible to qualify. The hospital may consider other financial assets and liabilities of the person when determining eligibility.

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The screening process to determine a patient’s eligibility for the Hospital’s charity care program will begin as soon as possible following admission to UGH. Once a patient account has been determined to qualify for UGH’s charity care program, no additional collection efforts will be made on that account. Union General Hospital’s charity care plan only applies to charges billed though Union General. It does not apply to any professional services provided by physicians or other contracted services that are billed separately and apart from Union General Hospital.

The Business Office Manager or their designee may approve Charity Care write-offs of up to \$1,000 dollars per patient. Any Charity Care write-offs exceeding \$1,000 dollars per patient or exceeding one (1) hospital admission (Inpatient, Emergency Room, Screening Mammograms) per household per hospital fiscal year requires the approval of the Chief Financial Officer. UGH reserves the right to close the charity care program at any time if the set budget for charity care has been exceeded.



Charity Care Policy
Exhibit A 805.PFS.CO



Charity Care Policy
Exhibit B 805.PFS.CO

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**UNION GENERAL HOSPITAL
APPLICATION FOR
CHARITY CARE ASSISTANCE
EXHIBIT A**

Please complete the following application to determine eligibility for the Union General Hospital Charity Care Program. The Hospital will assist patients with the completion of an application for Medicaid benefits where applicable. If you do not qualify for Medicaid, please attach a copy of your letter of "Notice of Decision on Your Medical Assistance Application" from the Medicaid Program or if your services are not covered by the Medicaid Plan (take charge). Patients with commercial insurance may apply for charity application only if they have a pending deductible of \$5,000 or more.

If you have any questions or need assistance completing the application, please call the Business Office at Union General Hospital.

Completed applications should be submitted to the Business Office Manager at Union General Hospital.

GENERAL INFORMATION

Applicant's Name: _____
(Please Print) (Last Name) (First Name) (MI)

Social Security Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parish of Residence: _____ (**must be resident of Union Parish**)

Home Phone: _____ Work Phone: _____

Date of Birth: ____/____/____ Sex: _____ Marital Status: _____

Number of members in household: _____

Employment Information

Applicant Employer (or most recent employer) **Spouse Employer (or most recent)**

Employer Name: _____ Employer Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

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Has a Medicaid application been completed? _____ (If patient/guarantor does NOT qualify for Medicaid, please attach a copy of the Medicaid Denial Letter to this application or documentation that services not covered (N/A if take charge coverage only OR N/A if non-coverage)

Does patient have commercial insurance? _____ (If patient does have commercial insurance, we must have documentation showing that deductible is over \$5,000 and patient's out of pocket will be in excess of \$1,000.

Provide two (2) most recent year's W-2 and IRS Form 1040 Income Tax Return
Information provided? (N/A if screening mammogram. Any patient without insurance coverage meets charity care plan for write of technical component mammogram) _____

Provide Proof of residency (At least one recent utility bill)
Information provided? _____

I understand that the information that I submit is subject to verification by Union General Hospital. I certify that the information provided as part of this Application for Charity Care Assistance is true and correct to the best of my knowledge.

Applicant Signature: _____

Date: _____

*Please be sure to include all requested information before submitting your application. The application will not be processed if all requested information is not included.

For Union General Hospital use only

Does the applicant qualify for Charity Care assistance? _____

If YES, \$ balance of Patient Account: \$ _____ Pt Acct(s)# _____

Screening Mammogram: _____ Yes/No

UGH Authorized Signature: _____

Date: _____

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EXHIBIT B
Charity Acknowledgement Form

Providing Quality Service with Compassionate Care

Date: _____

TO: Patient Name and Address here

I verify that the following information is accurate:

____ (initial) *I acknowledge that I am not eligible for Medicaid in the state of Louisiana.*

____ (initial) *I have no proof of citizenship in the United States.*

____ (initial) *I live in Union Parish at this time.*

____ (initial) *I did not submit tax returns for the last two years.*

____ (initial) *I am requesting charity write off for account # _____ in the amount of \$ _____ as I do not have the means to pay for balance and have no means to prove income at this time.*

____ (initial) *I have attached a copy of the most recent pay stub*

-OR-

____ (initial) *I verify that I have not worked in the last 90 days.*

Name of Patient

Date of Birth

Signature of Patient