

FINANCIAL ASSISTANCE POLICY

- I. SUBJECT: Jane Todd Crawford Hospital Financial Assistance Policy

This policy applies to the following Jane Todd Crawford Hospital entities:

Jane Todd Crawford Hospital

Green County Primary Care

- II. POLICY: Jane Todd Crawford Hospital provides emergency and other medically necessary care to patients, including uninsured and under-insured patients, regardless of their ability to pay for all or part of that care. Medically necessary care does not include any care provided primarily for the convenience of the individual, the individual's caregiver or healthcare provider, or for cosmetic reasons.

- III. PURPOSE:

Jane Todd Crawford Hospital offers different types of financial assistance to meet the needs of its patients. When determining the appropriate adjustment to the patient's account and for the purpose of this policy, the terms below are defined as follows:

Indigent Care: Healthcare services that have been or that will be provided without cost to individuals who meet the criteria established by the Commonwealth of Kentucky for eligibility in the KHCP (Kentucky Hospital Care Program) sometimes referred to as the Disproportionate Share Program or DSH program.

A patient may be determined to be eligible for Indigent Care or Charity Care after a service is provided and the prepaid deposit is collected. A patient may have made a deposit on their account before the determination of eligibility is made. A person's financial situation may have changed from the date of the prepayment or initial payment.

If a patient qualifies for either Indigent Care or Charity Care for the date of service for which the prepaid deposit or other payment applied, Jane Todd Crawford Hospital will refund that deposit.

If a patient qualifies for financial assistance any payment in excess of the "Amount Generally Billed" will be refunded.

B. Eligibility for assistance:

Eligibility for financial assistance will be considered for the uninsured, the underinsured, and those who are unable to pay for care based upon a determination of financial need in accordance with this policy. The offer of assistance shall be determined on financial need, and shall not be based on age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

C. How to apply for assistance:

Applications for financial assistance may be obtained from any of the following:

- Jane Todd Crawford Hospital's website at www.janetodddhospital.com.
- Jane Todd Crawford Hospital Business Office, or by calling 270-932-4211 ext. 158 and requesting a copy of the application by mail.
- Jane Todd Crawford Hospital Billing Office, or by calling 270-932-4211 ext. 270 and requesting a copy of the application by mail.
- Green County Primary Care, or by calling 270-299-2286 and requesting a copy of the application by mail.

Financial need will be determined in accordance with procedures that involve an individual assessment of the patients' financial need, and may include one or more of the following steps:

- Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
- Include the use of external publically available data sources that provide information on a patient's or a patient guarantor's ability to pay;
- Take into account the patient's available assets and all other financial resources available /F4 11.04 f(r)192 reWg reW*nae 0.0466Qq0.000 294.65 300 294.65 300 294.65 300 294.65

G. Eligibility criteria and amounts charged to patients:

Discounts under this policy will be made available to the patient on a sliding scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by Jane Todd Crawford Hospital to be eligible for financial assistance, that patient shall not receive any future bills for the covered dates of service based on undiscounted gross charges.

Indigent Care = Free Care. Patients whose family income is at or below 100 percent of

Jane Todd Crawford Hospital uses the "look-back" method to calculate the 'amount generally billed' (AGB) as required by federal law. Under this method, Jane Todd Crawford Hospital uses data based on claims allowed by Medicare fee-for-service and all private health insurers for emergency and medically necessary care over the most recent

charge from the Jane Todd Crawford Hospital Business Office, or by calling 270-932-