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## SYSTEM POLICY

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**Executive Owner:** System Senior VP, Chief Financial Officer      **Approval:** 2/12/08  
**Effective Date:** 2/12/08  
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**Revised Date:** 04/01/09

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### POLICY

Provena Health has a long tradition of serving the poor, the needy, and all who require health care services. However, our Ministries alone cannot meet every community need. They can practice effective stewardship of resources in order to continue providing accessible and effective health care services. In keeping with effective stewardship, provision for financial assistance will be budgeted annually. Our Ministries will follow the Illinois Hospital Uninsured Patient Discount Act and continue to play a leadership role in the community by helping to promote community-wide responses to patient needs, in partnership with government and private organizations.

In order to promote the health and well-being of the community served, individuals with limited financial resources who are unable to access entitlement programs shall be eligible for free or discounted health care services based on established criteria. Eligibility criteria will be based upon the Federal Poverty guidelines and will be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. If a determination is made that the patient has the ability to pay all or a portion of a bill, such a determination does not prevent a reassessment of the person's ability to pay at a later date. The need for financial assistance is to be re-evaluated at the following times:

- Income change
- Family size change
- When an account that is closed is to be reopened
- When the last financial evaluation was completed more than three months before

To be considered for financial assistance, the patient must cooperate with the ministry to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid. Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for financial assistance.

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Signage will be visible in all ministries at points of registration in order to create awareness of the financial assistance program (information will be included in admission packages for Home Health Services). At a minimum, signage will be posted in all patient intake areas, including, but not limited to, the emergency department, and the admission/patient registration area. All public information and/or forms regarding the provision of financial assistance will use languages that are appropriate for the ministry's service area in accordance with the state's Language Assistance Services Act. This policy will be translated to and made available in Spanish.

The necessity for medical treatment of any patient will be based on the clinical judgment of the provider without regard to the financial status of the patient. All patients will be treated with respect and fairness regardless of their ability to pay.

### **PURPOSE**

To identify circumstances when the ministry or related joint venture may provide care without charge or at a discount commensurate with the ability to pay, for a patient whose financial status makes it impractical or impossible to pay for medically necessary services. This policy applies only to ministry charges (except Provena Senior Services--see separate financial assistance policy) and not independent physicians or independent company billings. The provision of free and discounted care through our Financial Assistance program is consistent, appropriate and essential to the execution of our mission, vision and values, and is consistent with our tax-exempt, charitable status.

Resources are limited and it is necessary to set limits and guidelines. These limits are not designed to turn away or discourage those in need from seeking treatment. They are in place to assure that the resources the ministry can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay. Financial assessments and the review of patients' financial information are intended for the purpose of assessing need as well as gaining a holistic view of the patients' circumstances. Provena Health is committed to:

- Communicating to patients so they can more fully and freely participate in providing the needed information without fear of losing basic assets and income;
- Assessing the patients' capacity to pay and reach payment arrangements that do not jeopardize the patients' health and basic living arrangements or undermine their capacity for self-sufficiency;
- Upholding and honoring patients' rights to appeal decisions and seek reconsideration, and to have a self-selected advocate to assist the patient throughout the process;
- Avoid seeking or demanding payment from or seizing exempt income or assets; and
- Providing options for payment arrangements, without requiring that the patient select higher cost options for repayment.

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## SPECIAL INSTRUCTIONS/ DEFINITIONS

### I. Definitions

- A. Assets:** Provena Health will only use assets in the determination of the 25% maximum collectible amount in 12-month period. Assets will not be used for initial financial assistance eligibility. Patient may be excluded if patient has substantial assets (defined as a value in excess of 600% Federal Poverty Level – attachment I) Certain assets will not be considered: the uninsured patient's primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plans may be included as income. Acceptable documentation of assets include: statements from financial institutions or some other third party verification of an asset's value. If no other third party exists the patient shall certify as to the estimated value of the asset.
- B. Bad Debt Expense:** Uncollectible accounts receivable that were expected to result in cash inflows (i.e. the patient did not meet the ministry's Financial Assistance eligibility criteria). They are defined as the provision for actual or expected uncollectibles resulting from the extension of credit.
- C. Charity Care:** Health care services that were never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.
- D. Financial Assistance Committee:** A group of people consisting of local ministry staff and leadership that meets monthly to review financial assistance activity. This includes any applications that warrant special consideration or are designated for review by the committee per this policy. The Financial Assistance committee has the authority to approve/reject any ministry specific exceptions to the Provision for Financial Assistance policy based on unusual or uncommon circumstances. This includes the review of all non-U.S. resident applications. All decisions, whether approved or rejected, must be documented formally by the committee.
1. **Hospital ministries:** A committee consisting of the Chief Executive Officer, Chief Financial Officer, VP Mission Services, Regional Revenue Cycle Director, Risk Manager, Director of Case/Care Management, Patient Financial Counselor/Customer Service Representative/Collection Manager and the Director of Pastoral Care, or a similar mix of individuals for ministries associated with Provena Health.

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2. Physician Services: A committee consisting of a physician, billing office representative, and physician office staff member for Provena Service Corporation.
3. Provena Home Health: A committee consisting of the CFO, Director of Patient Financial Services and a Collection Manager for Provena Home Health.

- E. Contractual Adjustments:** Differences between revenue at established rates and amounts realized from third party payers under contractual agreements.
- F. Disposable Income:** Annual family income divided by 12 months, less monthly expenses as requested on the application in Attachment #2.
- G. Family:** The patient, his/her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. Therefore, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
- H. Family Income:** means the sum of a family's annual earnings and cash benefits from all sources before taxes, less payment made for child support. Examples include but are not limited to: Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, training stipends, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.
- In order to provide consideration for any patient with; veterans stipends, high monthly pharmacy costs (exceeding \$100), disability income (exceeding \$15,000 annually) or Chapter 13 bankruptcy, patients falling into any of the categories above will be able to appeal to the Financial Assistance Committee for adjustments to the Family Income.
- I. Uninsured patient:** means an *Illinois resident* who is a patient of a hospital and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability.

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**J. Illinois resident:** means a person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement. Acceptable verification of Illinois residency shall include any one of the following:

1. Any of the documents listed in Paragraph (K);
2. A valid state-issued identification card;
3. A recent residential utility bill;
4. A lease agreement;
5. A vehicle registration card;
6. A voter registration card;
7. Mail addressed to the uninsured patient at an Illinois address from a government or other credible source;
8. A statement from a family member of the uninsured patient who resides at the same address and presents verification of residency; or
9. A letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility.

All non-U.S. resident applications will be reviewed by the ministry financial assistance committee. See Financial Assistance Committee definition.

**K. Income Documentation:** income will be verified for all patients applying for financial assistance. Acceptable family income documentation shall include any **one (1)** of the following:

1. a copy of the most recent tax return;
2. a copy of the most recent W-2 form and 1099 forms;
3. copies of the 2 most recent pay stubs;
4. written income verification from an employer if paid in cash;  
or
5. one other reasonable form of third party income verification deemed acceptable to the hospital.

**L. Qualified Patient:**

1. Financially Needy: A person who is uninsured or under insured and is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the medical ministry's eligibility criteria set forth in this policy.
2. Medically Needy: A patient who does not qualify as financially needy, but whose patient responsibility payments specific to medical care at Provena Health ministries, even

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after payment by third-party payers, exceed 25% of the patient's family gross income will be recognized as having a catastrophic medical expense. Any patient responsibility covering a 12 month period to the patient exceeding the 25% will be written off to charity care.

**M. Medically Necessary Service:** means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include any of the following:

1. Non-medical services such as social and vocational services.
2. Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

**N. Provena Senior Services:** A separate financial assistance policy is applicable to Provena Senior Services due to the nature of the patients care requirements and the related reimbursement structure for this Ministry. In applying the Provena Health pricing philosophy, the stewardship to resources requires a different approach to financial assistance than the other ministries.

**O. Home Health and Physician Services:** Each will utilize the framework of this Financial Assistance Policy; however, they each have considerations that differ in size, materiality and scope. In order to address these differences each of the above Ministries may have a separate addendum attached highlighting exceptions to this system policy to better represent that ministry's circumstances.

## **II. Financial Assistance Guidelines and Eligibility Criteria (see Attachment #1)**

- A. All medically necessary health care services exceeding \$300 in any one inpatient admissions or outpatient encounter may be considered for financial assistance.
- B. To be eligible for a 100% reduction from charges (i.e. full write-off) the patient's household income must be at or below 200% of the current Federal Poverty Guidelines.
- C. Patients with household income that exceeds 200% but is less than 600% of the Federal Poverty Guidelines will be eligible for a sliding scale discount.
- D. The sliding scale will be updated annually based on the calculation set forth by the Illinois Uninsured Patient Discount Act.

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- E. The Financial Assistance Committee will consider medically needy patient accounts on a case-by-case basis. The discounts to be applied will be based on a determination of what the family could reasonably be expected to pay, based on a review of current disposable income and expenses.
- F. Individuals who are deemed eligible by the State of Illinois to receive assistance under the Violent Crime Victims Compensation Act or the Sexual Assault Victims Compensation Act shall be deemed eligible for financial assistance at a level to be determined on a case-by-case basis by the Financial Assistance Committee.
- G. Patient may apply for financial assistance applications within 60 days of date of discharge/date of service (or date account becomes self-pay). Patient must provide third-party verification of income, information regarding assets and documentation of residency within 30-days of request. Exceptions to these timeframes can be presented to the ministry financial assistance committee.
- H. A financial assistance application will not need to be repeated for dates of services incurred up to three (3) months after the date of application approval.
- I. After the financial assistance adjustment has been computed, the remaining balances will be treated in accordance with Patient Financial Services policies regarding self-pay balances. Payment terms will be established on the basis of the Provena Health Policy for Payment Arrangements. If a patient is unable to meet the guidelines, the Regional Revenue Cycle Director may review and recommend acceptance of the exception to the Financial Assistance Committee. No interest charges will accrue to the account balance while payments are being made. This also applies to payments made through a collection agency
- J. Once financial assistance eligibility has been granted, all open self pay accounts from six (6) months before the date of acceptance are grandfathered in as financial assistance.

### **III. Presumptive Financial Assistance Eligibility**

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- A. State funded prescription programs
- B. Homeless or received care from a homeless clinic
- C. Participation in Women's Infants, and Children's programs (WIC)
- D. Food stamp eligibility

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- E. Subsidized school lunch program eligibility
- F. Eligibility for other state or local assistance programs that are unfunded
- G. Low income/subsidized housing is provided as a valid address
- H. Patient is deceased with no known estate

## PROCEDURE

### I. Identification of Potentially Eligible Patients.

- A. Where possible, prior to the admission or pre-registration of the patient, the ministry will conduct a pre-admission/pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission/pre-registration interview is not possible, this interview should be conducted upon admission or registration or as soon as possible thereafter. In the case of an emergency admission, the ministry's evaluation of payment alternatives should not take place until the required medical care has been provided. At the time of the initial patient interview, the following information should be gathered:
  - 1. Routine and comprehensive demographic data.
  - 2. Complete information regarding all existing third party coverage.
- B. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance.
- C. Prior to an account being authorized for the filing of suit, a final review of the account will be conducted and approved by the Regional Revenue Cycle Director to make sure that no application of financial assistance was ever received. Prior to a summons being filed, the CFO's approval is required. Provena Health Ministries will not request nor support the use of body attachments from the court system for payment of an outstanding account; however it is recognized that the court system may take this action independently.

### II. Determination of Eligibility

- A. All patients identified as potential financial assistance recipients should be offered the opportunity to apply for financial assistance. If this evaluation is not conducted until after the patient leaves the ministry, or in the case of outpatients or emergency patients, a Patient Financial Services representative will mail a financial assistance application to the patient for completion. In addition, whenever possible, patient billing and collection communications will inform patients of the availability of financial assistance with appropriate contact information. When no representative of the patient is available, the ministry should take the required action to have a legal guardian/trustee appointed or to act on behalf of the patient.



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- B. Requests for financial assistance may be received from:
1. The patient or guarantor.
  2. Church sponsored programs.
  3. Physicians or other caregivers.
  4. Various intake departments of the institutions.
  5. Administration.
  6. Other approved programs that provide for primary care of indigent patients
- C. The patient should receive and complete a written application (Attachment #2) and provide all supporting data required to verify eligibility within 30 days of request. The obligation toward the patient shall cease if that patient unreasonably fails or refuses to provide the hospital with information or documentation requested.
- D. In the evaluation of an application for financial assistance, a patient's family income and medical expenses will be the determining factors for eligibility. A credit report may be generated for the purpose of identifying additional expense, obligations and income to assist in developing a full understanding of the patients' financial circumstances.
- E. If a patient qualifies as medically needy, then the application should be referred to the Financial Assistance Committee for review and determination.
- F. The ministry's Collection Manager/Patient Financial Services Representative will approve financial assistance for amounts up to \$1,000. Amounts greater than \$1,000 but lower than \$5,000, will be approved by the ministry's Regional Director of Revenue Cycle, those greater than \$5,000 will be approved by the ministry's CFO.
- Provena Service Corporation's Financial Assistance Committee will make approval for financial assistance for Provena Service Corporation on a case-by-case basis.
- G. Upon completion of the application and submission of appropriate documentation, the ministry's Patient Financial Service Representative will complete the Financial Assistance Worksheet (Attachment #3). The information shall be forwarded to the ministry's Regional Director of Revenue Cycle or their designee for determination. Financial assistance approvals will be made in accordance with the guidelines and documented on the worksheet (Attachment #3).
- H. Accounts where patients are identified as medically needy or accounts where the ministry Collection Manager/Patient Financial Services Representative or Regional Director of Revenue Cycle has identified special circumstances that affect the patient's eligibility for financial assistance will be referred to the

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ministry's Financial Assistance Committee for consideration and final determination.

The Committee's review of accounts that do not clearly meet the criteria and the decisions and rationale for those decisions will be documented and maintained in the account file (See Attachment #3).

- I. A record, paper or electronic, should be maintained reflecting authorization of financial assistance (Attachment #3). These documents shall be kept for a period of ten (10) years.
- J. If due to special circumstances a patient refuses to cooperate or if an incomplete application is submitted, the appropriate ministry's Financial Assistance Committee may consider the patient for eligibility based on the recommendation of the ministry representative working with the patient on the application process.

### III. Notification of Eligibility Determination

- A. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason(s) for denial (if appropriate) will be provided, generally within 45 days of the ministry's Financial Assistance Committee's decision after reviewing a completed application. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information to do so.
- B. If a patient disagrees with the decision, the patient may request an appeal process in writing within 45 days of the denial. The ministry's Financial Assistance Committee will review the application. Decisions reached will normally be communicated to the patient within 45 days, and reflect the Committee's final and executive review.
- C. Collection activity will be suspended during the consideration of a completed financial assistance application or an application for any other healthcare bracket (i.e., Medicare, or Medicaid, etc.). A note will be entered into the patient's account to suspend collection activity until the financial assistance process is complete. If the account has been placed with a collection agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. This notification will be documented in the account notes. The patient will also be notified verbally that the collection activity will be suspended during consideration. If a financial assistance determination allows for a percent reduction but leaves the patient with a self-pay balance, payment terms will be established on the basis of disposable income.
- D. If the patient complies with a payment plan that has been agreed to by the ministry, the ministry shall not otherwise pursue collection action against the patient. However, if a patient does not make three consecutive monthly payments then they may be referred to collections. Two separate incidents of

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missed scheduled payments within one year may result in the patient being referred to a collection agency.

- E. Refunding Patient Payments – A patient will be given financial assistance only if the account has an open self-pay balance. The determining factor for refunding monies back to the patient will be when the patient becomes eligible. For example, if a patient is making payment arrangements on an account and part way through the agreed upon contract term the patient becomes eligible for financial assistance (i.e. they lose their job, etc.), then the monies that were paid (before the date of job loss) should not be refunded. Any other open balances related to accounts preceding the approval of financial assistance will also be accepted as “charity”, however, no previous payments will be refunded for those accounts. The Financial Assistance Committee can make exceptions to the above.
- F. If the patient has a change in their financial status, the patient should promptly notify the ministry’s Regional Director of Revenue Cycle or designee. The patient may request and apply for financial assistance or a change in their payment plan terms.

#### IV. Availability of policy

##### A. Hospital bill

Each invoice or other summary of charges to an uninsured patient shall include with it, or on it, a prominent statement that an uninsured patient who meets certain income requirements may qualify for an uninsured discount and information regarding how an uninsured patient may apply for consideration under the hospital's financial assistance policy.

##### B. Policy

Every ministry, upon request, must provide any member of the public or state governmental entity a copy of its financial assistance policy. This policy will also be available on the Provena Health Website.

##### C. Application forms

Every ministry must make available a copy of the application used by the ministry to determine a patient’s eligibility for financial assistance.

##### D. Monitoring and Reporting

1. A financial assistance log from which periodic reports can be developed shall be maintained aside from any other required financial statements. Financial assistance logs will be maintained for a period of ten (10) years. At a minimum, the financial assistance logs are to include:
  - a. account number
  - b. date of service
  - c. application mailed (y/n)

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- d. application returned and complete (y/n)
  - e. total charges
  - f. self-pay balances
  - g. amount of financial assistance approved
  - h. date financial assistance was approved/rejected
2. The financial assistance log will be printed monthly for review at the ministry financial assistance committee meeting.
    - a. The financial assistance log must be signed and dated by the ministry CFO.
    - b. Financial assistance meeting minutes must be signed by the ministry CFO.
  3. Viewing capability of the logs will be utilized to exchange financial assistance information between Provena Ministries. A patient who uses multiple ministries at Provena Health will be able to have their approved financial assistance documented by one ministry thereby preventing the need for the patient to reapply for assistance. The patient needs to identify that they have recently filled out and been approved for financial assistance. A copy of the approval will be provided to other ministries upon request. The Provena Ministries will be able to reference the log and note in the patient's folder that the patient has already been approved for assistance. This will be considered sufficient documentation to extend that patient financial assistance.
  4. The cost of financial assistance will be reported annually in the community Benefit Report. Charity Care will be reported as the cost of care provided (not charges) using the most recently available operating cost and the associated cost to charge ratio (generated monthly).

#### **V. Additional Financial Assistance Guidelines and Eligibility Criteria**

In the following situations, a patient is deemed to be eligible for a 100 percent reduction from charges (i.e. full write-off):

- A. If a patient is currently eligible for Medicaid, but was not eligible on a prior date of service, instead of making the patient duplicate the required paperwork, the ministry will rely on the financial assistance determination process from Medicaid.
- B. If a patient is receiving free care from a community clinic and the community clinic refers the patient to the ministry for treatment or for a procedure. Instead of making the patient duplicate the required paperwork, the ministry will rely on the financial assistance determination process from these organizations.
- C. If a patient states that they are homeless and the ministry, thru its own due diligence, doesn't find any evidence to the contrary. The due diligence efforts are to be documented.

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- D. If a patient dies without an estate.
- E. If a patient is mentally or physically incapacitated (Home Health) and has no one to act on his/her behalf.

## VI. Payment Plans

- A. To identify circumstances when the ministry may provide care for a patient whose financial status makes it impractical or impossible to pay the patient portion balance in a lump sum payment. The provision of payment arrangements is consistent, appropriate and essential to the execution of our mission, vision and values, and is consistent with our tax-exempt, charitable status.
- B. Discussion with the patient about their financial responsibilities should be made with an account resolution approach. To assist the patient in meeting their financial responsibilities, Provena Health allows for patients to make payment arrangements. Provena Health will provide long and/or short-term payment plans based on patient/guarantor needs and financial situations. If the patient/guarantor qualifies for a payment plan, then the Customer Service Representative/Financial Counselor/Patient Financial Services Representative will inform the patient about their responsibilities under the payment arrangement program as detailed in the Provena Health “Payment Arrangements” policy.
  - 1. All Provena Health registration representatives will inform the patient/guarantor of the Provena Health payment plan policy.
  - 2. Insured patients will not be referred to a collection agency unless first offered the opportunity to request a reasonable payment plan for the amount owed by the patient. Uninsured patients must be given the opportunity to assess the accuracy of their bill, apply for financial assistance, and avail themselves of a reasonable payment plan prior to the pursuit of collection agency activity.
  - 3. Accounts with patient balances less than \$500 should be paid within 90 days from their first patient balance statement.
  - 4. Accounts with patient balances under \$1,500 should be paid in full within six (6) months from their first patient balance statement.
  - 5. Accounts with patient balances for \$1,501 and above should be paid within 12 months from their first patient balance statement. If the patient/guarantor requires a

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payment plan longer than that outlined, a financial needs assessment should be completed. The monthly payment amount should not exceed 15% of net income. The customer service representative/Financial Counselor/Patient Financial Services Representative has authority to accept a payment plan that is within the above guidelines or equal to 15% of the patient's/guarantor's net income. Payment amounts of \$25 can be accepted if the term of the plan is for six (6) months or less or if the payment amount can be increased within six (6) months (i.e. tax refund, completion of auto loan, etc.). For payment plans that extend further than double the above guidelines, Regional Director Revenue Cycle approval is required.

6. If the patient cannot meet the payment arrangement program, the patient should be evaluated for financial assistance.

C. Payment plans on partial charity accounts need to be individually developed with the patient.

**VII. Staff Responsibility**

Appropriate Staff responsibilities have been noted throughout the policy by title. In the case of an absence or ministry position change applicable designees will be assigned when appropriate.

**ATTACHMENTS**

Eligibility Criteria for the Provena Health Financial Assistance Program – Attachment # 1

Patient Financial Statement – Attachment # 2

Worksheet (for Provena Use Only) Checklist / Summary – Attachment # 3

**REFERENCES**

Section 12-1001 Code Civil Procedure

Title XVIII Federal Social Security Act

Illinois Uninsured Patient Discount Act

Violent Crime Victims Compensation Act

Sexual Crime Victims Compensation Act

Women's, Infant, Children Program (WIC)

**ELIGIBILITY CRITERIA FOR THE  
PROVENA HEALTH FINANCIAL ASSISTANCE PROGRAM**

Based upon Federal Poverty Guidelines, Gross income levels 2009

<b>Family Size</b>	<b>2008 Federal Poverty Guidelines</b>	<b>200%</b>	<b>600%</b>
1	\$10,830	\$21,660	\$64,980
2	\$14,570	\$29,140	\$87,420
3	\$18,310	\$36,620	\$109,860
4	\$22,050	\$44,100	\$132,300
5	\$25,790	\$51,580	\$154,740
6	\$29,530	\$59,060	\$177,180
7	\$33,270	\$66,540	\$199,620
8	\$37,010	\$74,020	\$222,060
9	\$40,750	\$81,500	\$244,500
10	\$44,490	\$88,980	\$266,940

**CALCULATION PROCESS**

1. Patients who **are at or below the 200%** guideline will receive a full write-off of charges.
2. For patients who **exceed the 200% guideline, but have income less than the 600%** guideline, a sliding scale will be used to determine the percent reduction of charges that will apply. The matrix for deductions is below:

<b>DISCOUNT MATRIX</b>	
<b>Percentage of Poverty Guidelines</b>	<b>Discount Percentage</b>
Up to 200%	100%
201- 300%	90%
301 – 400%	80%
401 – 599%	75%
600%	Approx. 70% (calculation based on IL Hospital uninsured discount Act)

# Patient Financial Statement

Patient Name: \_\_\_\_\_

Hospital Patient # \_\_\_\_\_  
(applicant)

Applicant: \_\_\_\_\_

Telephone # \_\_\_\_\_

Responsible Party: \_\_\_\_\_  
(if different from Applicant)

Telephone # \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street (no PO Box numbers) City State Zip

Temporary Address: \_\_\_\_\_  
Street (no PO Box numbers) City State Zip

Live with Relative  Proof of Residency Attached State from which Drivers License is Issued: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Dependents** (spouse / legal dependents – list all) Total # of People in Family Unit: \_\_\_\_\_

Name	DOB/Age	Relationship	Name	DOB/Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Marital Status:**  Married  Separated  Divorced  Unmarried (single or widowed)

**Employment:**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ How long there? \_\_\_\_\_

Occupation: \_\_\_\_\_ Weekly / Bi-weekly / Monthly Salary before Deductions: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ How long there? \_\_\_\_\_

Occupation: \_\_\_\_\_ Weekly / Bi-weekly / Monthly Salary before Deductions: \_\_\_\_\_

**List all Income before Taxes:** (Gross wages, salaries, dividends, interest, social security benefits, workers compensation, training stipends, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates, and trusts, veterans stipends). List all contributing income.

Type	Amount	W / B / M*	Type	Amount	W / B / M*
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

\*W = Weekly / B = Bi-weekly / M = Monthly

Other dependent income: \_\_\_\_\_ \$ \_\_\_\_\_

Has the patient been granted bankruptcy; and, if so, when? \_\_\_\_\_



Before determination will be made, one of the following may be requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of most recent Tax Return    | <input type="checkbox"/> Written income verification from an employer if paid in cash                                    |
| <input type="checkbox"/> Copy of most recent W-2 or 1099   | <input type="checkbox"/> One other reasonable form of third party income verification deemed acceptable by the hospital. |
| <input type="checkbox"/> Copies of 2 most recent pay stubs |  |

Please return all requested information to: \_\_\_\_\_  
 within ten (30) days. If you have any questions, please contact \_\_\_\_\_  
 at \_\_\_\_\_.

**Income**

Total Gross Monthly Income  
 (after withholding taxes) \$ \_\_\_\_\_

**Expenses**

Monthly Expenses		Weekly / Biweekly/Monthly
Housing	\$ _____	_____
Food	\$ _____	_____
Utilities (gas / water / electric)	\$ _____	_____
Telephone	\$ _____	_____
Transportation	\$ _____	_____
Debts / Creditors	\$ _____	_____
Insurance (Auto, home, life, medical, disability)	\$ _____	_____
Clothing	\$ _____	_____
Miscellaneous	\$ _____	_____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>	<b>_____</b>

**Assets**

Do you have any assets other than: patient's primary residence; personal property exempt from judgment under Section 12-1001 of Code of Civil Procedure; or any amounts held in pension or retirement plan?  Yes  No If Yes, Please list assets and approximate value. Acceptable documentation includes statements from financial institutions or some other third party verifications of an asset's value. **Asset List:**

Check any of the locations you have been seen at in the past twelve (12) months:

- |  |   |
|--|---|
| <input type="checkbox"/> Saint Joseph Medical Center, Joliet, IL     | <input type="checkbox"/> Saint Joseph Hospital, Elgin, IL               |
| <input type="checkbox"/> Mercy Medical Center, Aurora, IL            | <input type="checkbox"/> St. Mary's Hospital, Kankakee, IL              |
| <input type="checkbox"/> Provena Covenant Medical Center, Urbana, IL | <input type="checkbox"/> United Samaritans Medical Center, Danville, IL |
| <input type="checkbox"/> Provena Home Care                           | <input type="checkbox"/> Provena Medical Group                          |

Are there any other circumstances or situations that may help assist in making a determination?

\_\_\_\_\_

***Consideration of this application is based on the applicant and/or patient following through to obtain whatever Medicaid or third party benefits he/she is entitled to receive.***

I hereby certify that the information given is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 (or Representative)



**WORKSHEET (FOR PROVENA USE ONLY)  
(CONSIDER REPLACING WITH CHECKLIST AND SUMMARY)**

**NOTES:**

NAME OF APPLICANT \_\_\_\_\_

ACCOUNT #(S) \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_

ANNUAL FAMILY INCOME \_\_\_\_\_

CREDIT REPORT AVAILABLE \_\_\_\_\_

PERCENTAGE FINANCIAL ASSISTANCE PER GUIDELINES \_\_\_\_\_

DATE OF DETERMINATION \_\_\_\_\_

AMOUNT APPROVED \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

APPROVED BY (DIRECTOR) \_\_\_\_\_

DATE ACCOUNT ALLOWED \_\_\_\_\_

**REFER TO FINANCIAL ASSISTANCE COMMITTEE? \_\_\_\_\_ WHY?**

**FINANCIAL ASSISTANCE COMMITTEE REVIEW AND DETERMINATION:**

**APPROVED \_\_\_\_\_ PERCENTAGE \_\_\_\_\_**

**DENIED \_\_\_\_\_ APPROVED BY (CFO) \_\_\_\_\_**