

OCEAN BEACH  
HOSPITAL  
& MEDICAL CLINICS

**DEPARTMENT: FINANCE**  
**POLICY AND PROCEDURE: FINANCIAL ASSISTANCE**

Initial Date: \_\_\_/\_\_\_/\_\_\_

Reviewed: \_\_\_\_\_

Revised Date: \_\_09/01/23\_\_

Reviewed: \_\_\_\_\_

**POLICY:**

Ocean Beach Hospital and Medical Clinics (OBHMC) are committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance, consistent with Washington Administrative Code regulations are established.

These criteria will assist staff in making consistent and objective decisions regarding eligibility for financial assistance while ensuring the maintenance of a sound financial base.

**ELIGIBILITY CRITERIA:**

Financial assistance is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, third party liability situations (e.g. auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In these situations where appropriate primary payment sources are not available, patient shall be considered for financial assistance under this hospital policy, based on the following criteria as calculated for the 24 months prior to the request date.

1. The full amount of the patient responsibility portion of their hospital or clinic charges will be eligible for Financial Assistance.
2. The attached sliding fee schedule will be used to determine the amount to be adjusted for patients with incomes between 100% and 300% of the current federal poverty level.
 

0-200% FPL-	100% Financial Assistance
201%-250% FPL	75% Financial Assistance
251%-300% FPL	50% Financial Assistance
3. In the event the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the income range of the sliding fee schedule, the hospital is not obligated to establish exact income levels or to request the aforementioned documentation from the responsible party.

**CATASTROPHIC FINANCIAL ASSISTANCE:**

Ocean Beach may also write off as financial assistance amounts for patients with family income in excess of 300% of the federal poverty standards or a higher percentage for those above 100% of the poverty guidelines, when circumstances indicate severe financial hardship or personal loss. This will be done only upon recommendation by the Patient Financial Services Manager with adequate justification.

**DETERMINATION:**

Financial Assistance forms, instructions, and written applications shall be furnished to patients when financial assistance is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or Ocean Beach, should be accompanied by documentation to verify income amounts indicated in the application form. Ocean Beach Hospital and Medical Clinics will make every effort to determine eligibility within 14 days of receipt of the completed application and all documentation.

OBHMC does not require the patient to apply for Medicaid nor does OBHMC consider assets in determining Financial Assistance eligibility.

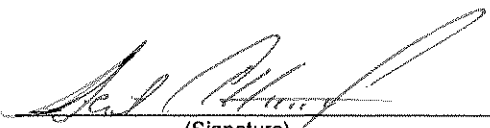
Onsite staff are available to discuss the application process.

**CONFIDENTIALITY:**

All information relating to application will be confidential. Copies of documents that support the application will be kept with the application form.

**PUBLIC NOTIFICATION:**

The hospital's financial assistance policy shall be publicly available through the posting of a sign within public areas of the hospital and on the website. If, at the time of registration, the patient or responsible party indicates third party coverage is not available, a written copy of the policy will be provided and explained to the patient and /or responsible party. See "Notice of Availability of Financial Assistance"

Administration:	 _____ (Signature)	Date: <u>9/01/23</u>
Department Manager:	<u>Beth York</u> _____ (Signature)	Date: <u>29/01/23</u>
_____:	_____ (Signature)	Date: <u>  /  /  </u>