

QUINCY VALLEY HOSPITAL  
CHARITY CARE POLICY

POLICY

Quincy Valley Hospital is an open-door hospital by virtue of its being a non-profit hospital district hospital. Services in this facility are available to all persons without discrimination on the basis of race, color, national origin, creed, or any other grounds unrelated to an individual's need for the service. Emergency service will not be denied because the person is unable to pay for those services. Persons receiving emergency services will, however be billed for such services. Patients who feel they are unable to pay for services may request charity.

PROCEDURE

Any patient or family member who feels they may qualify for charity care, may ask for a charity application at the Business Office between 8:00am and 4:30pm , Monday through Friday.

ELIGIBILITY

Applications for charity consideration are evaluated according to the following:

1. All responsible parties with family income equal to or below one hundred percent of the federal poverty standard, adjusted for family size, may be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship;
2. All responsible parties with family income between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital schedule and policies regarding individual financial circumstances;
3. Hospital may classify any individual responsible party whose income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon that responsible party's individual financial

circumstances.

### GUIDELINES

A person whose family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, may have his/her hospital charges that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party. The schedule is as follows:

INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL	PERCENTAGE DISCOUNT
One hundred one to one hundred thirty three	Seventy-five percent
One hundred thirty-four to one hundred sixty-six	Fifty percent
One hundred sixty-seven to two hundred	Twenty-five percent

### EXCLUSIONS

Elective procedures and non-emergency admissions are exempt from consideration. Accounts assigned to a collection agency will not be eligible for charity. Business agreements with such agencies preclude charity consideration once the account has been assigned to an agency.

### REVIEW PROCESS

Information, applications, and interviews for charity will be handled by the Business Office. Completed applications will

be reviewed by the Business Office Manager. He/She will approve or disapprove the applications based on the documentation attached.

The Administrator will provide the final authorization for charity designation of the account balance. Then, the applicant will be notified of the approval or disapproval.

## POVERTY INCOME GUIDELINES

The Department of Health and Human Services annual update of the federal poverty guidelines as published in the February 15, 1991 federal register.

<u>Size of Family Units</u>	<u>Poverty Guidelines</u>
1	\$6,620
2	8,880
3	11,140
4	13,400
5	15,660
6	17,920
7	20,180
8	22,440

For family units with more than 8 members, add \$2,260 for each additional member.

OK

RECEIVED  
JUN 28 1991  
DEPARTMENT OF HEALTH  
HOSPITAL DATA

QUINCY VALLEY HOSPITAL

APPLICATION FOR CHARITY CARE

APPLICANT

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
CITY STATE ZIP

HOW LONG \_\_\_\_\_ PHONE NO \_\_\_\_\_

EMPLOYMENT

EMPLOYER/FIRM NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ HOW LONG \_\_\_\_\_ PHONE NO \_\_\_\_\_

SPOUSE

NAME \_\_\_\_\_ ADDRESS/CITY \_\_\_\_\_

PHONE NO \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_ DOB \_\_\_\_\_

EMPLOYER/FIRM NAME \_\_\_\_\_ POSITION HELD \_\_\_\_\_

BUSINESS ADDRESS/CITY \_\_\_\_\_ HOW LONG \_\_\_\_\_

PHONE NO \_\_\_\_\_

MONTHLY INCOME

YOUR GROSS INCOME \_\_\_\_\_ SPOUSE'S GROSS INCOME \_\_\_\_\_

OTHER INCOME \_\_\_\_\_ SOURCE OF INCOME \_\_\_\_\_



PERSONAL STATEMENT

I/WE OWN	MARKET OR CURRENT VALUE	I/WE OWN	TO WHOM NAME/ADDRESS	MONTHLY PAYMENT	CURRENT BALANCE
CASH IN BANK		RENT OR			
CASH ON HAND		MORTGAGE			
WHERE		OTHER REAL ESTATE			
AUTO(S)		AUTO LOAN			
YR/MODEL		LEASE			
HOME		OTHER LOANS			
ORIG. PURCH. PRICE		TYPE			
OTHER REAL ESTATE		TYPE			
STOCKS & BONDS		TYPE			
OTHER		INSURANCE			
		VISA			
		OTHER CARDS			
		FUEL			
		FOOD			
		UTILITIES			
		MEDICAL BILLS			
		MISC.			
TOTAL		HAVE YOU LISTED ALL YOUR DEBTS		TOTAL	TOTAL
		YES _____ NO _____			
		ARE ALL YOUR DEBTS UP TO DATE			
		YES _____ NO _____			

I/WE CERTIFY THAT ALL STATEMENTS MADE ARE TRUE AND COMPLETE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

QUINCY VALLEY HOSPITAL

CHARITY CARE POLICY

No person in need of necessary health care shall be denied admission to this Hospital based on ability to pay. If you are unable to pay for all or part of your hospital service and meet the guidelines, you must:

1. Complete a charity care application
2. Supply credit reference and documentation of income on request:
  - a) Payroll stubs
  - b) IRS tax return
  - c) Medicare rejection
  - d) Bank statements
  - e) Liabilities

If you feel you qualify for this service please contact the Business Office between 8:00 am and 4:30 pm Monday through Friday.