

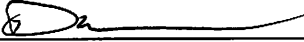
**ARCHBOLD MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

POLICY NUMBER: 102.43

SUBJECT: Financial Assistance Program -
Plain Language Summary

EFFECTIVE: June 2015

EXPIRES: When Superseded

APPROVED: 
President

REVIEWED: May 2022

REVISED: January 2020

I. POLICY

John D. Archbold Memorial Hospital, Inc. ("Archbold") offers two Financial Assistance Programs for uninsured and indigent patients. An uninsured patient is someone who has no health coverage at all, and who does not have any right to be reimbursed for healthcare expenses by someone else. A patient who has health coverage is considered uninsured if the patient has a claim denied based on a pre-existing condition, having reached benefit maximums, or that a particular service is not covered. For purposes of financial assistance offered by Archbold, a person with an annual household income below 200% of the Federal Poverty Line is considered indigent, regardless of whether that person has healthcare coverage.

II. PURPOSE

The purpose of this policy is to provide general information for the two Financial Assistance Programs offered by John D. Archbold Memorial Hospital. Please refer to Administrative Policy 102.44, "Financial Assistance Program – Indigent Care Trust Fund" and 102.45, "Financial Assistance Program – Uninsured Patients" for further detail.

III. PROGRAMS

A. The Indigent Care Trust Fund ("ICTF") Financial Assistance Program

If you are indigent or uninsured with an annual household income of less than 200% of the Federal Poverty Line, you will qualify for the ICTF Financial Assistance Program provided that you (1) are a resident of the State of Georgia; (2) complete the application for Financial Assistance; and (3) apply for Medicaid, Medicare or Medicare Disability, if requested. Separate from the eligibility assessment of a formal application, you may also be presumed to be eligible for financial assistance based on evidence provided through the use of a third-party screening tool. Information obtained from the third-party screening tool will enable Archbold to make an informed decision about your eligibility. If you are eligible for the ICTF Financial Assistance Program, you will receive a complete write-off of all charges for services.

B. The Financial Assistance Program for Uninsured Patients

If you are an uninsured patient who lives in Brooks, Grady, Mitchell or Thomas County, Georgia, or in a county in Georgia that does not have a hospital offering the services you require, and your annual household income falls between 200% and 325% of the Federal Poverty Level, you may be eligible for a discount for medical services.

To be eligible, you must: (1) submit an application for assistance within 240 days from the date the patient account is billed; (2) apply for commercial or government insurance coverage if requested; (3) have personal and business assets, excluding your personal residence, totaling less than \$50,000.00; and (4) comply with an interest-free payment plan following a determination of your qualification for assistance.

If you are found by Archbold to be qualified for assistance under the Financial Assistance Program for Uninsured Patients, you will be charged no more than "amounts generally billed," which is based on the average of the amounts actually paid to the hospital facility by private health insurers and Medicare, including co-payments and deductibles, for the medically necessary or emergency services that you receive.

IV. SPECIAL INSTRUCTIONS

A free copy of Archbold's financial assistance policies, billing and collections policy, and the application forms for financial assistance may be obtained by accessing the following link: (<https://archbold.org/billing-and-insurance/financial-assistance>). Free copies are also available at each hospital facility in the admissions or registrations areas. You may also call 229-228-8870, Account Management Services, to request that a free copy of the policies and application forms be mailed to you.

Archbold staff located in the admissions and registration areas are available to provide information about the Financial Assistance Programs as well to help you complete the application process. You may also reach the appropriate staff to obtain this information or assistance by calling 229-228-8870 or 229-228-8840.

V. JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC. (INCLUDING OPERATIONS D/B/A BROOKS COUNTY HOSPITAL, GRADY GENERAL HOSPITAL, MITCHELL COUNTY HOSPITAL, GLENN-MOR NURSING HOME, MITCHELL CONVALESCENT CENTER, PELHAM PARKWAY NURSING HOME)/ARCHBOLD HEALTH SERVICES, INC.

A. As applicable.

VI. ARCHBOLD MEDICAL GROUP, INC.

A. See Departmental Policy, AMG 400.1