

FAMILY CENTER FOR HEALTH CARE  
a division of  
CITIZENS MEDICAL CENTER, INC.  
Colby, Kansas

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Policy Title: Charity Care

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Approval: 1/1/2016

Department: Billing, Family Center For Health Care

Subject: Charity Care Policy

**POLICY:**

It is the policy of Family Center For Health Care (FCHC) to provide care for necessitous patients who complete the required application.

**PURPOSE:**

FCHC recognizes that some patients may not have insurance or have insufficient insurance to cover their full cost for their care and treatment. FCHC further recognizes that these individuals may not have the ability to pay for the remaining balance after insurance has paid. Therefore, FCHC has established a procedure whereby a patient and/or guarantor may apply for a reduction in the amount of the patient account.

**PROCEDURE:**

During the collection process, it may be recognized that patients or guarantors may not have the ability to pay for the amounts of the patient accounts.

- I. When it is recognized that a patient or guarantor may not have the ability to pay, or the patient or guarantor requests assistance in payment of the bill, the following steps shall occur:
  - A. The Navigator shall send a Charity Care Application and a letter to the patient or guarantor explaining how to complete it. The Navigator shall also request a copy of the patient or guarantor's most recently-filed income tax return, as well as the two most recent paystubs.
  - B. The patient or guarantor must complete the Charity Care Application in its entirety, attaching copies of bills and support for the amounts claimed on the application. They must also submit the requested information, a copy of their most recently-filed tax return, and copies of two pay stubs to the FCHC Navigator.
  - C. Upon receipt of the requested information, the Navigator and Charity Care Committee shall review the financial information and make a determination of the ability to pay based upon the income and other

information contained on the Charity Care application and supporting documentation.

- D. A committee consisting of the Navigator and Clinic Manager shall periodically meet and review all requests for financial assistance to determine the ability to pay on each request. Any reduction in the patient or guarantor's liability shall be considered charity and recorded as such.

- II. There may be certain instances where it is apparent that the patient or guarantor does not have the ability to pay the cost for the patient's care, and the aforementioned procedure may be waived. These instances may include the following:

Uninsured patients who demonstrate one of the Presumptive Eligibility criteria listed below are automatically eligible to receive charity and no proof of income will be requested.

- A. Uninsured patients can demonstrate Presumptive Eligibility by one or more of the following criteria: (i) enrollment in certain federal or state programs (Farmworker or Sobra), (ii) homelessness; (iii) mental incapacitation with no one to act on patient's behalf; (iv) Medicaid eligibility, but not on the date of service; (v) deceased with no estate.
- B. Documents that assist in determining eligibility may be required. These documents include: (i) award letter (ii) Farmworker voucher (iii) personal statement/attestation (iv) any other document which shows proof of the presumptive eligibility criteria.