 <p>Jackson Hospital <i>Growing a Healthier Community.</i> 4250 Hospital Drive Marianna, FL 32446 (850) 526-2200</p>	Subject: FINANCIAL ASSISTANCE POLICY	Access: Policy Manager Folder:
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POLICY: STATEMENT OF PURPOSE:


To identify indigent patients and provide charity care consistent with community needs and to establish procedures to ensure consistent identification and recording of uncompensated care for Jackson Hospital and ER Physicians Group At Jackson Hospital.

POLICY:

Jackson Hospital and ER Physicians Group At Jackson Hospital will provide a Financial Assistance Policy (FAP) as part of its overall Community Benefit Programs. The policy establishes a process for identifying and handling community members in need of financial assistance. Eligible patients must comply with the criteria established by the Charity Care Committee, which consists of the Chief Financial Officer Patient Financial Services Director and the Compliance Officer. Any changes recommended by the Charity Care Committee must be approved by the Finance Committee prior to implementation. The Charity Care Committee has the ability to make decisions on a case-by-case basis. Written documentation must also be maintained regarding all determinations whether approved or denied.

- A. Criteria to be considered in determining eligibility will include, but are not limited to the following:
 - The patient’s gross income will meet poverty guidelines as established by the Federal Government Services Agency (GSA) and published annually in the Federal Register
 - The patient’s employment status and capacity for earnings
 - Catastrophic illnesses where the medical bills exceed the family’s gross annual income.
 - Information from interviews with CRS Representative
 - Technological notification of credit worthiness.

- B. Patients requesting a charity care eligibility determination should provide one of the following forms/documents to substantiate income:
 - Most recent W-2 form
 - Paycheck stubs
 - Most recent Federal Income Tax return
 - Income Determination Statement Attestation

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C. Charity allowances shall be scaled according to income class. Patients will never be billed for charges above the Amounts Generally Billed “AGB” to other payers. The federal poverty guideline will be used as a guide to determine the amount of charity allowance for which the patient is eligible. The charity calculation will take the annual earned income divided by the poverty guideline based on the patient’s specific classification (i.e. single, two-dependent family) then multiplied by 100 to obtain the income as a percent of poverty. The following charity allowances will then be applied:


Percent	Allowance
0 – 200	100%
201 – 250	90%
251 – 300	80%
301 – 350	70%
351 – 400	60%
401 and over	0% (Patient can qualify for self-pay discounts)

AGB is calculated using the “look back” method

D. In the event that the patient is unemployed and has not filed Federal Income Taxes the Income Determination Statement Attestation from a credit report may be used in lieu of wage documentation in determining Charity status.

E. Jackson Hospital and ER Physicians Group At Jackson Hospital will notify individuals of determinations and basis for such determination.

- If approved the following steps will be taken:
 - Billing Statement showing amount due, how the AGB is determined and how the amount due was calculated
 - Refund any excess payments made by individual
 - Take Reasonable measures to vacate and or reverse any Extraordinary Collection Actions (ECA’s) taken to date
- If an incomplete application is received the following action will be taken:
 - Suspend any Extraordinary Collection Action in process
 - Provide Individual with Written Notice

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- Request Additional Information Needed
 - Request Additional Documentation Required
 - Assign a Completion Deadline
 - Provide a Plain Language Summary of Financial Assistance Program
- ECA Notification
 - 1 Notice that ECA will proceed if Application not completed or claim is paid within
 - 30 Days from Above Completion Deadline or last day of Application period (240 days)
- F. Community members will be informed of the Financial Assistance Policy (FAP) in the following manner:
- Paper copies available throughout the hospital
 - Signage, verbal notice and other measures taken to inform visitors and patients at points of entry to our facilities
 - Inform members in the community by:
 - Website
 - Written brochures
- G. Jackson Hospital and ER Physicians Group At Jackson Hospital will regularly notify the patient with open self-pay accounts of the FAP application period for at least 120 days after first notice of bill. Jackson Hospital and ER Physicians Group At Jackson Hospital will not engage in any Extraordinary Collection Practices (ECP's) until sufficient time and notification periods have passed. Jackson Hospital and ER Physician Group At Jackson Hospital will provide the patient written notification 30 days prior to the end of the Financial Assistance Application period.