

## Financial Assistance Policy

### Pursuant to 501(r) of the Internal Revenue Code

#### Policy

Summit Healthcare is committed to providing access to quality healthcare for the community it serves, including patients in difficult financial circumstances, and offers financial assistance to those with an established need to receive emergency medical care and medically necessary healthcare services.

Actions Summit Healthcare may take in the event of non-payment are described in Summit's Bad Debt Policy. A free copy of this policy may be obtained by calling (800)300-0361, (928)537-6352 or (928)537-6590, Monday through Friday, 8 am to 4:30 pm.

Summit Healthcare will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for assistance under this policy.

#### Purpose

This policy serves to establish and ensure a fair and consistent method for uninsured and underinsured patients to apply and be considered for financial assistance related to emergency and other medically necessary medical care. Please note that not all medical services available at Summit Healthcare qualify for assistance under this policy, such as, but not limited to, cosmetic services and fertility treatments. Financial Assistance involves discounted care based on household income and assets that are required to be disclosed in the application process. Financial Assistance is based on a discount of the gross charge for services for those determined to be eligible.

#### Definitions

*Applicant:* Patient or other individual responsible for payment of the patient's care who seeks financial assistance.

*Bad Debt:* The cost of providing care to persons who are able, but unwilling, to pay all or some portion of the medical bills for which they are responsible.

*Financial Assistance:* The cost of providing discounted care to individuals who cannot afford to pay a portion of their medical bills based on the eligibility rules identified in this policy.

*Gross charges:* The full established price for medical care provided to patients.

*Medically Necessary Care:* Healthcare services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration; and
- Not primarily for the economic benefit of the health plans, purchasers or for the convenience of the patient, treating physician, or other healthcare provider.

*Self-pay balance:* The amount due to a provider or hospital after services are rendered and all other payment options or reimbursement methods are exhausted.

### **Providers Covered Under this Policy**

Please see attachment 'A' listing a copy of the covered providers under this policy. This list is maintained separately from this financial assistance policy. The provider list applies only as of the date on which it was created or last updated, as specified in the provider list. The provider list may be obtained, free of charge, by calling (928)537-6911, (928)-537-6840, or online at <https://summithealthcare.net/billing-information>. You may also obtain a copy at the Patient Financial Services office at Summit Healthcare Regional Medical Center.

### **Eligibility Criteria for Financial Assistance**

Eligibility for Financial Assistance requires the complete cooperation of the applicant during the application process, including, but not limited to:

1. Completion of the application process for all available assistance, including Medical Assistance, or AHCCCS and a signed authorization and service terms form allowing Summit Healthcare to submit claims;
2. Completion of the financial assistance application, including all required documents;
3. Meet annual household income and family size criteria as set forth in the Federal Poverty Guidelines for the previous tax year; and
4. A demonstrated inability to pay for services based on all available assets.

Summit Healthcare reserves the right to reverse financial assistance and pursue appropriate reimbursement or collections as a result of newly discovered information, including insurance coverage or payment to the applicant or pursuit of a personal injury claim related to the services in question. All payments received after financial assistance is awarded will result in the reversal of the adjusted amounts to resolve the remaining self-pay balance without creating a balance due or a credit balance.

Patients receiving care in the Emergency Department who are without financial resources may be eligible for financial assistance if they are unemployed or have no permanent address or insurance coverage. Indigent patients without access to the required application documentation may still be eligible for financial assistance.

Providing financial assistance does not obligate Summit Healthcare to provide continuing care; however, at Summit Healthcare's sole discretion, services and support that are medically necessary and unavailable elsewhere may be provided on a continuing basis. Patients are required to re-apply for financial assistance at least every 180 days (six months), or sooner should new financial situations arise. Care for a period of the prior 240 days (eight months), may be eligible for assistance.

Summit Healthcare and its affiliates may share patient Financial Assistance information across Summit Healthcare facilities for the benefit and ease of administering Financial Assistance to patients seen in multiple locations. No information will be shared outside of Summit Healthcare, unless authorized or required by law.

### **Method of Applying for Financial Assistance**

Financial Assistance is offered through either an application process or based on eligibility for Medical Assistance or other governmental need-based assistance, including AHCCCS.

## **Application Process**

Applicants who want to apply for financial assistance may apply by either requesting the application form from a Financial Counselor through our Patient Financial Services office, or downloading and printing the financial assistance application form, at no charge from our website at: <https://summithealthcare.net/billing-information>. Summit Healthcare reserves the right to deny any application not received within the application period of 45 days.

Summit Healthcare Patient Financial Services staff will review the application and make a determination of financial assistance that may be offered. Once a decision has been made regarding the eligibility status of financial assistance, a letter will be sent to the applicant advising of the decision.

### **Application are available by written request at:**

Summit Healthcare Regional Medical Center  
Patient Financial Services  
2200 E. Show Low Lake Rd.  
Show Low, Arizona 85901

Summit Healthcare Medical Associates  
Patient Financial Services  
5171 E Cub Lake Rd Ste. B280  
Show Low, Arizona 85901

### **Applications are available by phone at:**

Patient Financial Services department (928)537-6352 or (928)537-6590, (928)-537 6840, or by calling (800)300-0361 and asking for the Patient Financial Services department.

You may also visit our Patient Financial Services department or the main building of the hospital, and ask for a Financial Counselor, who can assist you with your application questions.

### **\*\*Basis for Calculating Amounts charged to Patients\*\***

All patients are billed according to gross charged amounts; however, the self-pay balance for patients eligible for financial assistance is limited to the Amount Generally Billed (AGB) to those who have insurance covering such care. Summit Healthcare uses a look-back method to calculate the AGB by dividing the amounts allowed by Medicare fee for service and commercial and private health insurers by the gross charges submitted. The amount that a patient is expected to pay out of pocket is limited to the AGB percentage of the gross charge if that patient is deemed eligible for financial assistance. The combination of insurance payments and patient or applicant payments may exceed the AGB.

### **Emergency Services**

Summit Healthcare provides medical screening examinations and emergency care to stabilize patients, regardless of their ability to pay and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). Summit Healthcare prohibits any actions that would discourage individuals from seeking emergency medical care and does not perform debt collection activity in the Emergency Department.

### **Equal Opportunity**

Summit Healthcare is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

### **Confidentiality**

Summit Healthcare will uphold the confidentiality and individual dignity of each patient and will adhere to HIPAA requirements for handling personal medical, health and financial information.