

FINANCIAL ASSISTANCE GUIDELINES FOR SLIDING SCALE: INCOME-BASED DISCOUNT

Financial assistance will be determined on a sliding scale based on family size and family income. Varying levels of discount percentages from 10% to 100% will be based on Annual Federal poverty guidelines. For example, based on the guidelines below, a family of two that earns between \$43,551 and \$47,905 qualifies for a 70% discount. Pregnant women count as two people for the purpose of this chart. In addition to utilizing this scale, the complete Financial Assistance Application must be completed with all required documentation of income, expenses, and assets to complete the entire review for assistance.

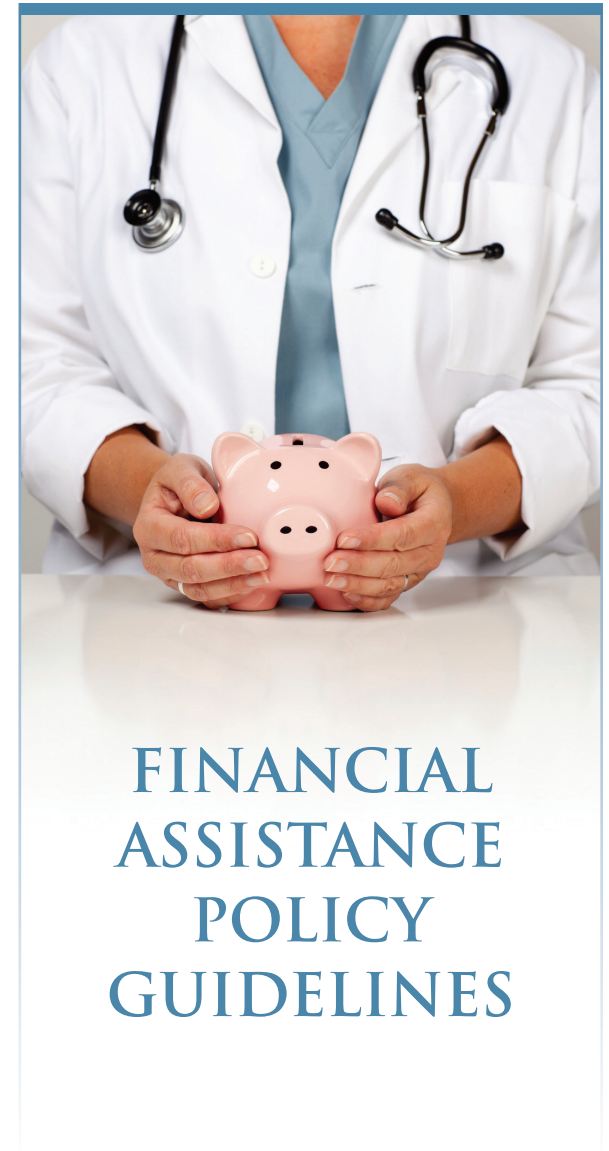
		Percent of Financial Assistance Discount							
% Discount	% of Poverty	Family Size							
		1	2	3	4	5	6	7	8
100%	200%	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260
90%	225%	\$30,578	\$41,198	\$51,818	\$62,438	\$73,058	\$83,678	\$94,298	\$104,918
80%	250%	\$33,975	\$45,775	\$57,575	\$69,375	\$81,175	\$92,975	\$104,775	\$116,575
70%	275%	\$37,373	\$50,353	\$63,333	\$76,313	\$89,293	\$102,273	\$115,253	\$128,233
60%	300%	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$125,730	\$139,890
50%	325%	\$44,168	\$59,508	\$74,848	\$90,188	\$105,528	\$120,868	\$136,208	\$151,548
40%	350%	\$47,565	\$64,085	\$80,605	\$97,125	\$113,645	\$130,165	\$146,685	\$163,205
30%	375%	\$50,963	\$68,663	\$86,363	\$104,063	\$121,763	\$139,463	\$157,163	\$174,863
20%	400%	\$54,360	\$73,240	\$92,120	\$111,000	\$129,880	\$148,760	\$167,640	\$186,520
10%	425%	\$57,758	\$77,818	\$97,878	\$117,938	\$137,998	\$158,058	\$178,118	\$198,178

For family units of more than 8 members, add \$4,320 for each additional member.

A complete copy of HRRMC's Financial Assistance Policy is available at www.hrrmc.com. If you would like to request a copy of this policy or for more information, call Patient Financial Services at 719-530-2475.

If you have questions regarding your bill or how to apply for financial assistance, please contact our Patient Account Representatives at 719-530-2475.

Full policy and applications can be accessed at www.hrrmc.com.



FINANCIAL ASSISTANCE POLICY GUIDELINES

PURPOSE OF FINANCIAL ASSISTANCE

Heart of the Rockies Regional Medical Center (HRRMC) is committed to providing quality healthcare and meeting the healthcare needs of the community it serves. No patient will be denied medically necessary treatment on the basis of their ability to pay for such services. HRRMC will provide financial assistance (charity care) to qualified patients who are uninsured or underinsured and do not have the financial means to pay for hospital services.

■ POLICY

Charity care write-offs are available to qualified persons receiving (1) emergency or (2) unscheduled, non-elective services and who are unable to pay for those services. The program is for patients who do not qualify for federal, state, or local assistance and are unable to establish approved payments or pay their balances in full.

Charity care is not to be considered a substitute for personal responsibility. Patients are expected to cooperate with HRRMC's procedures for obtaining charity care or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

Patients may qualify for a charity-care discount based on the patient's total household income as outlined in the scale in this brochure.

■ APPLICATION REQUIREMENTS

All Financial Assistance applicants will be required to provide supporting income verification documentation, as well as complete a Financial Assistance application.

■ SERVICES ELIGIBLE UNDER THIS POLICY

For purposes of this policy, "charity care" or "financial assistance" refers to healthcare services provided by HRRMC without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity care:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Medically necessary services, evaluated on a case-by-case basis at HRRMC's discretion.

■ INCOME VERIFICATION

The following documentation will be required with all Financial Assistance applications.

- Most current and prior year's Federal Tax Return or two of the following:
- State Income Tax Return for the most current and prior year
- Most recent four employer paycheck stubs
- The last available W-2 for all family members contributing to the household income
- Three months of bank statements from each account.

■ INCOME CALCULATION

For the purpose of determining financial eligibility for the charity-care program, income includes all monies received before taxes from all sources, including but not limited to estate payments, net rental income, alimony, military family allotments, employee pensions or retirement plans, military retirement pay, veterans' payments, net receipts from farm and on-farm self-employment, royalties, Social Security payments, railroad retirement, unemployment compensation, regular insurance or annuity payments, gambling/lottery winnings, interest, period receipts from estates or trusts, strike benefits from union funds, public assistance (including Supplemental Security Income), private pensions and workers' compensation.

Income does **not** include Medicare, Health First Colorado (Colorado Medicaid), food stamps, heat-assistance funds, school lunches or housing assistance, the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, gifts, loans, need-based assistance from nonprofit organizations, college grants or loans, child support or foster-care payments, or disaster-relief assistance.

■ FACTORS TO BE CONSIDERED FOR CHARITY DETERMINATION

The HRRMC financial counselor will use the following factors in determining the eligibility of the patient for charity care:

- A completed Financial Assistance form, including all requested household expenses and medical bills
- Gross income
- Family size
- Employment status and future-earning capacity
- Other financial resources
- Other financial obligations
- The dollar amount, frequency and nature of hospital/medical services

