



Heart of the Rockies Regional Medical Center  
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## Financial Assistance Policy

### PURPOSE

Heart of the Rockies Regional Medical Center (HRRMC) is committed to excellence in 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. By virtue of its exemption from federal and state taxes and as a part of HRRMC's mission to serve the health care needs of the community, 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. HRRMC will establish and abide by written protocols for requesting, processing, and determining the decision of the Financial Assistance Application.

Accordingly, this written policy:

- Includes Eligibility Criteria for financial assistance – free and discounted (partial charity) care
- Describes the basis for calculating discount amounts to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for emergency and other medically necessary care provided to individuals eligible for financial assistance to the amount generally received by the hospital for commercially insured patients.

### POLICY

Charity care write-offs are available to qualified persons receiving (1) emergent 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. COMPLETE Application date must be within 120 days of Date of Patient Responsibility.

A screening will be completed to ensure that if any portion of the patient's medical services can be paid by any federal, state, local government health care program, private insurance company, or other private, non-governmental third-party payor, that the payment has been received and posted to the patient's account prior to financial assistance determination. A charity write-off will not be applied to any patient account with an outstanding payer liability.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with HRRMC's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

Patients may qualify for a charity discount based on the patient's total household income and the amount of the patient liability as outlined in the scale in Attachment A. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

## Definitions

- **Charity Care**
  - Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.
  
- **Family**
  - Using the Census Bureau definition. A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance
  
- **Family Income**
  - Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
    - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
    - Noncash benefits (such as food stamps and housing subsidies) do not count;

- Determined on a before-tax basis;
  - Excludes capital gains or losses; and
  - If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).
- **Gross Charges**
  - The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied
- **Medically necessary**
  - As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).
- **Financially Indigent**
  - A financially indigent patient is defined as a person who is uninsured or underinsured and household income is at or below 425% of the federal poverty level.
    - **Underinsured patients** - patients with some form of third party payer coverage for health care services but such coverage is insufficient to pay the current bill
    - **Uninsured patients** -patients with no third party payer coverage for health care services
  - HRRMC will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for charity care as a financially indigent patient. The poverty income guidelines are published in the Federal Register in February of each year and for purposes of this policy will become effective the first day of the month, following the month of publication.
  - In no event will HRRMC establish eligibility criteria for financially indigent patients which incorporate an income level for charity care lower than that required for counties under any state indigent health care acts. HRRMC may, however, adjust the upper limit eligibility criteria based on the financial resources of the hospital and as necessary to meet the charity care needs of the community.
- **Medically Indigent**
  - A medically indigent patient is defined as a person who's medical or hospital bills, after payment by third-party payers exceed a specified percentage of the person's annual gross income as set forth in this policy and who is unable to pay the remaining balance.

- To become eligible for charity care as a medically indigent patient, the amount owed by the patient on ALL MEDICAL bills after payment by third-party payers must exceed ten percent of the patient's annual gross income and the patient must be unable to pay the remaining bill. The hospital may consider other factors, many of which require committee assessment, when determining patient's ability to pay.
- A determination of a patient's ability to pay the remainder of the bill will be based on whether the patient reasonably can be expected to pay the account in full thru the loan program or twelve month period if paid directly to the hospital.
- Declined assistance will not prevent a reassessment of the patient's ability to pay at a later date. Reassessment, for outstanding balances still active and not classified as bad debt, will be allowed based on new/changed factors and/or income.

### **Application Requirements**

All Financial Assistance applicants will be required to provide supporting income verification documentation, as well as complete a Financial Assistance Application, as shown in Attachment B, detailing household income and expenses.

#### **Services Eligible under this Policy.**

- For purposes of this policy, "charity" 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:
  - 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. The preferred income documentation will be the most current and prior year's Federal Tax Return. Any applicant who is unable to provide his/her most recent Federal Tax Return may provide two pieces of supporting documentation from the following list to meet the income verification requirement:

- State Income Tax Return for the most current and prior year
- Most recent 6 employer pay check stubs
- The last available W2 for all family members contributing to the household income

After thorough review of the Financial Assistance Application, the PFS Director may waive supporting documentation on non-Medicare, non-Champus, non-Medicaid, and non-Medicare

Secondary Payor accounts when it is evident the applicant is unable to meet the documentation requirement but clearly meets the charity guidelines.

### **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 trust, strike benefits from union funds, public assistance (including Supplemental Security Income), private pensions, and workers compensation.

Income does not include Medicare, 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 non-profit organizations, college grants or loans, child support or foster care payments, or disaster relief assistance.

### **Assumed Eligibility**

If HRRMC has approved a patient for charity care within the last six (6) months prior to the current review, the patient will be approved for charity care without further review and further documentation requirements. Patients denied for charity care allowances may reapply to the program after sixty (60) days of the original application date, if substantial changes have occurred to income and/or outstanding medical bills.

Patients with Medicare and Medicaid will automatically qualify for a charity care write-off, based on current eligibility on DOS of both Medicare and Medicaid coverage.

Homeless patients identified through

- Registration process or
- Discharge to a shelter or
- Social Services

may be considered for a charity discount if an attempt to complete the Financial Assistance Application was documented and the VP of Finance has reviewed and approved a policy exception.

**Other Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, HRRMC will accept documentation of eligibility from outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts.

Such presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- State-funded prescription programs
- Participation in Women, Infants and Children programs (WIC);
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- Low income/subsidized housing is provided as a valid address;

For patients that have expired and it is determined through family contact and/or court records that an estate does not exist and was documented, services will qualify for a charity care write-off with the PFS manager's review and approval.

### **Notification and Awareness of Financial Assistance Program**

HRRMC will post notice of its charity care program and how a patient may apply for charity care. All patients meeting initial screening criteria or who otherwise request so, will be entitled to complete a Financial Assistance Form and be considered for charity care.

**Communication of the Charity Program to Patients and Within the Community.** Notification about charity available from HRRMC, which shall include a contact number, shall be disseminated by HRRMC by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as HRRMC may elect. HRRMC also shall publish and widely publicize a summary of this charity care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital as HRRMC may elect (such as Churches, Community Centers, Libraries, Local Physician Offices). Such notices and summary information shall be provided in the primary languages spoken by the population serviced by HRRMC. Referral of patients for charity may be made by any member of the HRRMC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

**Relationship to Collection Policies.** HRRMC management has developed policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from HRRMC, and a patient's good faith effort to comply with his or her payment agreements with HRRMC. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, HRRMC may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. HRRMC will continue to send monthly statements showing updated balances and may

elect to have a third party vendor assist with standard follow-up, payment reminders and monthly statements. HRRMC will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts will include:

- Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
- Documentation that HRRMC has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
- Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

**Regulatory Requirements.** In implementing this Policy, HRRMC management and facilities will comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

## **PROCEDURE**

When there is a self-pay balance due or estimated for which the patient has indicated they have limited or no means to pay, a Financial Screening Form as show in Attachment C will be utilized to ensure that all applicable federal, state, and local health programs have been considered. The form will also prompt the screening of the patient's ability to meet the payment options that HRRMC offers. In the event all program options have been exhausted and the patient cannot agree to the payment options the hospital offers, then a Financial Assistance Application will be initiated (Attachment B).

### **Identification of Charity Cases**

The Patient Financial Representative staff will:

- A. Confirm that the patient does not have a balance owed by a third party entity, Medicaid pending, or any other payor source at the time of application.
- B. Determine if the patient is able to pay the charges in full or establish partial payment arrangements for the patient liability based on the payment and discount guidelines of HRRMC.
  - 1) If yes, the employee will collect the funds or establish the payments which the patient has agreed to;
  - 2) If no the patient will be referred to the Financial Counselor.

C. The Financial Counselor will:

- 1) Determine if the patient could qualify for potential federal, state, and local health indigence programs.
  1. If it is determined that a patient may qualify for one of these programs, the account will be noted appropriately and the patient will be referred to the appropriate agency.
  2. If it is determined that a patient will not qualify for one of these programs and can not meet the payment guidelines, the patient will be offered and provided a Financial Assistance Application for completion.
- 3) The patient will be advised of the application requirements including;
  1. The necessity to accurately and thoroughly complete the application;
  2. The necessity to provide all supporting documents that are required to be considered for charity write off.
  3. The requirement to return the application within 14 days from receipt or within 120 days from Date of Patient Responsibility, whichever comes first.
- 4) The account will be noted, placed in the appropriate plan or pending status, and all collection activity will cease until the application has been reviewed and a determination has been made.

### Factors to Be Considered for Charity Determination

A. The Financial Counselor will use the following factors in determining the eligibility of the patient for charity care:

- 1) The patient filled out the Financial Assistance form completely, including all requested household expenses and medical bills.
  1. When the patient does not complete the application completely, the Counselor may call the applicant and get completed information over the phone, or if no response send a letter of temporary denial of charity until completed information is received.
- 2) The patient returns the required supporting documentation.
  1. When the patient fails to provide the required supporting documentation, the Counselor may call the applicant and request the data or if no response send a notification in writing. The patient will be given additional days to provide the supporting documents.
- 3) Gross income
- 4) Family size

- 5) Employment status and future earning capacity
- 6) Other financial resources
- 7) Other financial obligations
- 8) The \$ amount, frequency and nature of hospital/medical services

### **Failure to Provide Appropriate Information**

- A. If the patient fails to provide information necessary to complete the financial assessment within the timeframes listed above, the Financial Counselor will send a letter informing the patient of a negative determination by certified and regular mail. The Financial Counselor will note the account accordingly and resume the patient billing cycle of the account.

### **Determination of Charity Care**

- A. Using the Financial Assistance Application, the supporting documentation, and the Sliding Scale Income Based Discount (Attachment A), the Financial Counselor will evaluate and determine a charity recommendation.
  - 1) Initially screened and approved applications will go through the following final approval levels:
    1. Accounts \$1,500 and under will be approved by the PFS Manager.
    2. Accounts \$1,501 and above will be reviewed by the Charity Care Committee.
    3. The Charity committee will be comprised of the PFS Manager, VP of Finance, a Clinical Manager, a Case Manager and a Financial Counselor. Information from the Financial Screening Form (Attachment C) will be presented to the committee with an account detail for each account being considered for charity care. The charity care committee will convene on a monthly basis.
- B. If the patient is approved for a full write off, the Financial Counselor will adjust the account, using the appropriately assigned Charity Care adjustment code.
- C. If the patient is approved for a partial write off or is denied, the Financial Counselor will contact the patient to inform them of the determination and the remaining outstanding balance. The patient will be referred the Patient Collections Representative to make payment arrangements on the remaining balance.

- D. In the event charity is approved and the account is with an outside vendor source (i.e. AR Services), the responsible Patient Collections Representative will contact the vendor for the account balance to be adjusted, and if a balance remains, account will remain active with the vendor.
- F. All applications, determinations, and approvals will be made within 30 days of receipt of the completed application.
- G. All applicants will be notified in writing by certified and regular mail of the determination (Approval or Denial) and the amount of write off if applicable.

#### **Monitoring of Charity Care**

- A. All charity-approved adjustments will be written off with an appropriately assigned adjustment code, indicating, "charity care write off."
- B. A monthly charity care report will be generated for tracking and trending purposes and forward to the VP of Finance. The report will include number of patients, dollars amount written off, and total percent of gross revenue charges that are written-off to charity care.

#### **Reporting of Charity Care**

- A. Information regarding the amount of charity care provided by HRRMC in its fiscal year will be aggregated and included in the hospital's audited financial statements.

## ATTACHMENT A: CHARITY CARE DISCOUNT SCALE

Sliding scale discounts are income-based discounts provided to patients approved for financial assistance for an outstanding balance. The following scale will be used based on Current Year Federal Poverty Levels:

<u>Income Level</u>	<u>Eligible Discount Amount up to</u>
200%	100%
225%	90%
250%	80%
275%	70%
300%	60%
325%	50%
350%	40%
375%	30%
400%	20%
425%	10%

**ATTACHMENT A: FINANCIAL ASSISTANCE GUIDELINE 2016  
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 Federal poverty guidelines.

Family Size	1	2	3	4	5	6	7	8
Poverty Guidelines	\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890
Discount/Income								
100%	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$73,460	\$81,780
90%	\$26,730	\$36,045	\$45,360	\$54,675	\$63,990	\$73,305	\$82,643	\$92,003
80%	\$29,700	\$40,050	\$50,400	\$60,750	\$71,100	\$81,450	\$91,825	\$102,225
70%	\$32,670	\$44,055	\$55,440	\$66,825	\$78,210	\$89,595	\$101,008	\$112,448
60%	\$35,640	\$48,060	\$60,480	\$72,900	\$85,320	\$97,740	\$110,190	\$122,670
50%	\$38,610	\$52,065	\$65,520	\$78,975	\$92,430	\$105,885	\$119,373	\$132,893
40%	\$41,580	\$56,070	\$70,560	\$85,050	\$99,540	\$114,030	\$128,555	\$143,115
30%	\$44,550	\$60,075	\$75,600	\$91,125	\$106,650	\$122,175	\$137,738	\$153,338
20%	\$47,520	\$64,080	\$80,640	\$97,200	\$113,760	\$130,320	\$146,920	\$163,560
10%	\$50,490	\$68,085	\$85,680	\$103,275	\$120,870	\$138,465	\$156,103	\$173,783
For each additional family member over 8 add: \$4,160								

## ATTACHMENT A: 2016 HHS Poverty Guidelines

Financial Assistance will be determined based on the current years HHS Poverty Guidelines. Patients that meet a 0-200% of the Federal Poverty Guideline will have a 100% charity discount approval.

Persons in Family Unit	48 Contiguous States and D.C.
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890
For each additional person, add	\$4,160

**ATTACHMENT B: FINANCIAL ASSISTANCE APPLICATION**

HRRMC  
Financial Assistance Application

Patient Name: \_\_\_\_\_ Patient Account #(s): \_\_\_\_\_

Responsible Party Name (if patient is a minor): \_\_\_\_\_ SS#: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Number of family members living in the home (spouse and dependents): \_\_\_\_\_

Have you recently made, or plan to make an application for Medicaid and/or Medical Assistance?: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Application: \_\_\_\_\_

INCOME VERIFICATION (List all persons in household who are employed)

Name	Relationship to Patient	Employer's Name & Address	Monthly Income	
			Gross	Net
			\$	\$
			\$	\$
			\$	\$
			\$	\$

OTHER INCOME (List monthly accounts)

Name	Relationship to Patient	Child Support	Unempl. Comp.	TANF	Social Security	SSI	VA	Interest Income
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$

**ATTACHMENT B: FINANCIAL ASSISTANCE APPLICATION**

RESOURCES (List all resources owned by members of the household and value)

Resource	Bank or Company	Value	Owner
Checking Account			
Savings Account			
Certificates of Deposit			
Trust Fund			
Stocks or Bonds			
Retirement Account			
Other			
Mutual Funds			

Personal Property	Description	Mortgage/Loan	Payments
Primary Residence			
Rental Property			
Automobiles (list below)			
Recreational (boats, campers, ATV, motorcycles, etc.)			
Livestock			

HRRMC  
Financial Assistance Application

Name: \_\_\_\_\_

<u>MONTHLY EXPENSES</u>	<u>MONTHLY PAYMENTS</u>	<u>CURRENT BALANCE</u>
Food	_____	_____ <u>n/a</u>
*Rent/House Payment	_____	_____
Gas – House	_____	_____ <u>n/a</u>
Electricity	_____	_____ <u>n/a</u>
Water and Sewer	_____	_____ <u>n/a</u>
*Cable Television/Satellite/Internet	_____	_____ <u>n/a</u>
*Telephone (including wireless)	_____	_____ <u>n/a</u>
Gas (Car)/Transportation	_____	_____ <u>n/a</u>
*Car Payment	_____	_____
*Car/House Insurance	_____	_____ <u>n/a</u>
*Health/Life Insurance	_____	_____ <u>n/a</u>
*Prescriptions	_____	_____ <u>n/a</u>
*Doctors/Healthcare Providers	_____	_____
*Credit Cards	_____	_____
*Other (Please List)	_____	_____

Total Monthly Income: \_\_\_\_\_

Total Monthly Expenses: \_\_\_\_\_

I affirm that all of the information listed on this application is true.

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Must submit:

\_\_\_\_\_ Items on Blue Sheet, By Appointment (CICP)

\_\_\_\_\_ Current and prior year's household Federal Income Tax Return, or most recent 4 employer paycheck stubs for all employed in household, or most recent 6 employer payment stubs for all employed in household.

*This information obtained will be kept confidential and used only for Financial Assistance determination.*

### ATTACHMENT C Financial Screening Form

PATIENT'S NAME \_\_\_\_\_ MRN# \_\_\_\_\_ DOB \_\_\_\_\_ AGE: \_\_\_\_\_ Date \_\_\_\_\_

RESPONSIBLE PARTY \_\_\_\_\_

RESPONSIBLE PARTY ADDRESS \_\_\_\_\_

MARITAL STATUS: S M D W TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY of RESIDENCE \_\_\_\_\_

INSURANCE YES/NO MVA or Automobile Insurance applicable YES/NO If yes, Company \_\_\_\_\_ Policy # \_\_\_\_\_

MEDICAID YES/NO MEDICAID # \_\_\_\_\_

MEDICARE YES/NO MEDICARE # \_\_\_\_\_

FINANCIAL ASSISTANCE YES/NO Type: \_\_\_\_\_

LEGAL PERMANENT RESIDENT <u>YES/NO</u>	TOTAL FAMILY SIZE: _____	COBRA BENEFITS <u>YES/NO</u>
# OF ADULTS _____	# OF MINOR CHILDREN (Dependents): _____	RECENTLY UNEMPLOYED <u>YES/NO</u>

<u>Kidney Health</u>	<u>Railroad Medicare</u>	<u>Crime Victims</u>	<u>Workers Comp.</u>	<u>Veterans Administration</u>
Does the patient have a history of kidney failure or Dialysis? <b>Yes      No</b>	Has the patient or the spouse of the patient ever worked for any of the railroad companies? <b>Yes      No</b>  Is the patient aged 65 or older? <b>Yes      No</b>	Was the patient an innocent victim of a Violent crime? <b>Yes      No</b>  Is the patient a resident of Colorado and a U.S. Citizen? <b>Yes      No</b>	Was the patient injured while on the job? <b>Yes      No</b>	Is the patient or the patient's spouse currently or historically affiliated with the United States Military? <b>Yes      No</b>  Is the patient a child of a Veteran? <b>Yes      No</b>

<u>Medicare</u>	<u>Medicaid/CHIPS</u>	<u>State Indigent Health</u>	<u>Payment Plan/Bank Loan</u>	<u>Charity Care</u>
Is the patient age 65 or older? <b>Yes No</b> Has the patient been receiving Social Security benefits for 24 months? <b>Yes No</b> Does the patient have permanent kidney failure? <b>Yes No</b>	Is the patient pregnant? <b>Yes No</b> Is the patient elderly or disabled? <b>Yes No</b> Is the patient a child, whose parents have a low income? <b>Yes No</b> Is the patient an Undocumented alien that has an emergency condition? <b>Yes No</b>	Does the patient live outside of Colorado? <b>Yes No</b> Is the patient eligible for CACP program: <b>Yes No</b>	Is the patient able to pay the full balance? <b>Yes No</b> Is the patient able to meet the minimum payment guidelines? <b>Yes No</b> Is the patient willing and/or able to apply for the loan program? <b>Yes No</b>	Have all other programs been exhausted? <b>Yes No</b>

INCOME SOURCE: \_\_\_\_\_ OTHER INCOME & SOURCE \_\_\_\_\_

PATIENT'S GROSS INCOME (PER MO.) \$ \_\_\_\_\_ SPOUSE'S GROSS INCOME (PER MO.) \$ \_\_\_\_\_

TOTAL GROSS INCOME (PER MO.) \$ \_\_\_\_\_ TOTAL ANNUAL INCOME: \_\_\_\_\_

TOTAL AMOUNT OF **ALL** MEDICAL CLAIMS PATIENT IS CURRENTLY RESPONSIBLE FOR: \_\_\_\_\_

MEDICAL CLAIMS AS PERCENT OF TOTAL INCOME: \_\_\_\_\_

PERCENT OF POVERTY LEVEL: \_\_\_\_\_ ELIGIBLE CHARITY CARE DISCOUNT UP TO: \_\_\_\_\_

TOTAL AMOUNT OF HRRMC ACCOUNTS ELIGIBLE FOR CHARITY CARE: \_\_\_\_\_

Attach account detail for each applicable account and medical record screen with diagnosis.

TOTAL APPROVED CHARITY ADJUSTMENT \$ \_\_\_\_\_ COMMITTEE APPROVAL NEEDED: \_\_\_ YES \_\_\_ NO

APPROVED: \_\_\_ YES \_\_\_ NO INITIALS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date letter sent: \_\_\_\_\_