



**Memorial Family Practice, 702 North 13 St., Artesia, NM, 88210**

<b>Policy/Procedure Title</b>	Non Discrimination		<b>Policy #</b>	202
<b>Manual Location(s)</b>	Memorial Family Practice	<b>Effective</b>	<b>Page</b>	Page 1 of 2
<b>Department Generating Policy</b>	Memorial Family Practice			
<b>Affected Departments</b>	Administration Policies			

**PURPOSE:**

To ensure compliance within the clinic in regard to the Non-Discrimination Act and to provide a barrier free design per the Americans with Disabilities Act.

**POLICY:**

It is the policy of Memorial Family Practice to provide services to all persons without regard to race, color, national origin, handicap or age in compliance with US Department of Health and Human Services regulations 45 CFR parts 80, 84, and 91, respectively. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all program participants regardless of race, color, national origin, handicap or age. All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person's race, color, national origin, handicap or age.

**PROCEDURE:**

1. Memorial Family Practice, is an equal opportunity employer. The clinic will promote the recruitment of qualified person with and/or without disabilities.
2. In designing and implementing the physical plan for the unit, every effort has been made to remove architectural barriers. If future remodeling becomes necessary, the same consideration shall be given, insofar as is feasible.
3. New employees attend orientation, at that time employees are made aware of non-discrimination verbally and in reference material contained in their new employee packet.
4. Employees are required to attend annual up-date in-services for review.
5. Employees of Memorial Family Practice shall be actively involved in efforts to promote the identification of and the removal of attitudinal and architectural barriers to persons with disabilities.
6. Memorial Family Practice shall take an active role in promoting and providing appropriate referrals for disabled persons in promoting increased community awareness as well as social and economic opportunities for persons with disabilities.

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<b>Original Effective Date:</b>	<b>Feb 1, 2015</b>				
<b>Reviewed and/or Revised Dates</b>					
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>Review Date:</b>					
<b>Revised Date:</b>					
<b>Supersedes:</b>					
<b>By:</b>					

# Artesia General Hospital

## **NOTICE TO PATIENTS:**

This practice serves all patients regardless of inability to pay.

Discounts for essential services are offered based on family size and income.

For more information, ask at the front desk.

Thank you.

## **AVISO PARA PACIENTES:**

Esta practica sirve todos los pacientes, independientemente de la incapacidad de pago.

Descuentos para los servicios esenciales son ofrecidos dependiendo de tamaño de la familia y de los ingresos.

Usted puede solicitar un descuento en la recepción.

Gracias.

## Financial Assistance Program- MFP

This Policy applies to Artesia General Hospital (AGH) and Rural Health Clinic services listed in Addendum A (AGH Facilities) and to the providers and practices listed in Addendum B (Covered Providers).

### Purpose and Scope:

AGH is dedicated to ensuring that emergency and other medically necessary care is accessible to all patients, regardless of ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. Accordingly, in compliance with applicable State and federal law, AGH has adopted this Financial Assistance Policy (FAP). This FAP will be widely publicized and includes the eligibility criteria for financial assistance, the basis for calculating amounts charged to patients, the method for applying for financial assistance, the actions that may be taken in the event of nonpayment, and a list of the individual providers delivering care in the facilities and Rural Health Clinic that specifies which are covered by this FAP and which are not.

Exceptions: Financial assistance under this policy is not available for services that are not medically necessary as determined by the patient's treating provider.

### Definitions:

- A. **Adjusted Federal Poverty Level** – Total household size, current income and liquid assets.
- B. **Amounts Generally Billed (AGB)** - The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual's insurance contract. AGH calculates the AGB pursuant to the look-back method, as described by §1.501(r)-5. The look-back method is based on actual past claims paid to the hospital facility by Medicare Fee-for-Service along with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services will not be more than the AGB to individuals with insurance covering such care. The AGB percentage is separately calculated for AGH and is specified in Addendum A. The AGB percentage will be reviewed and updated annually by the 120th day after the 12-month period the hospital facility used in calculating the AGB percentage, which is June 30 for AGH.
- C. **Discount** - A reduction from the full or gross charges for services rendered.
- D. **Extraordinary Collection Actions (ECA)** – ECA's are actions taken by a hospital facility against an individual related to obtaining payment of a bill for care and services provided that may require a legal or judicial process, involve selling an individual's debt to another party or involve reporting adverse information about an individual to consumer reporting agencies or credit bureaus.
- E. **Federal Poverty Level (FPL)** – Total household size and current income.
- F. **Gross Charges** – The total charges for care and services provided, as listed on AGH's charge master, before any applicable discounts are applied.
- G. **Medically Necessary** – Any service or procedure reasonably determined by the patient's treating provider to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life. The physical, mental, cognitive, or developmental effects cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or

cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. It may also include a course of treatment that includes mere observation or no treatment at all.

## **Policy:**

This section should contain the actual policy. It should not contain the procedures for implementation of the policy.

- A. Use this policy template provided your policy and procedure.
  - 1. The content of a policy should be:
    - a. Concise
    - b. To the point
    - c. Action-orientated
  - 2. Use plain language
  - 3. Indicate whether any matter or action in the policy is mandatory or discretionary

## **Procedure:**

A. As described by AGH's Emergency Medical Treatment & Active Labor Act (EMTALA) policy, a Hospital will not delay the provision of a medical screening exam (MSE), stabilizing treatment, or appropriate transfer, or otherwise engage in any activities that would discourage an individual from seeking emergency medical care to inquire about the individual's method of payment or insurance status. The Hospital will not seek, request, direct an individual to seek, or allow a health plan coordinator to request prior authorization for services before the individual has received an MSE and initiation of stabilizing treatment as required by EMTALA.

B. Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum. Each AGH facility will:

- 1. Prominently and conspicuously post complete and current versions of the following on the [www.artesiageneral.org](http://www.artesiageneral.org) website:
  - a) Financial Assistance Policy (FAP)
  - b) Financial Assistance Application Form (FAA Form)
  - c) Plain Language Summary of the FAP (PLS)
  - d) Contact information for AGH Rural Health Clinic Financial Counselors.
- 2. Make paper copies of the FAP, FAA Form, and the PLS available upon request and without charge, both in public locations in the hospital facility (including without limitation, emergency rooms and admission and registration areas) and by mail.
- 3. Notify and inform members of the community served by the facility or practice about the FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance; and

4. Notify and inform individuals who receive care from the hospital facility about the FAP by: (1) offering a paper copy of the PLS to patients as part of the intake or discharge process; (2) including a conspicuous written notice on billing statements that notifies recipients about the availability of financial assistance under FAP and includes the telephone number of the hospital facility office or department that can provide information about the FAP and FAP application process and the direct web site address where copies of the FAP, FAP application form, and PLS of the FAP may be obtained; and (3) setting up conspicuous public displays that notify and inform patients about the FAP in public locations in the hospital facility and Rural Health Clinic, including, at a minimum, the emergency room and admissions areas.

C. Make available, through Financial Counselors, financial assistance, discount information, and financial counseling to all individuals admitted to an AGH facility. Interpreters or other communication aids will be used, as indicated, to allow for meaningful communication with individuals, including those who have limited English proficiency, are deaf, or are hard of hearing.

a) Accessibility to limited English proficient individuals: AGH will translate its FAP, FAA Form, and PLS into each language that constitutes the lesser of 1,000 individuals or 5 percent of the community served by AGH or the population likely to be affected or encountered by the Hospital.

i. The basis for calculating each language: All patient visits where a preferred language was captured at the point of registration and it exceeded 1,000 individuals or 5% of the patient population. The preferred language will be reviewed and updated by the 120th day after the 12th month period, which is June 30 for AGH.

b) The FAP, FAA and PLS are available in English and Spanish.

D. AGH and the individual patients served each hold accountability for the general processes related to the provision of financial assistance.

1. AGH Responsibilities:

a) AGH workforce members in Revenue Management and the hospital Patient Access areas understand the AGH FAP and can direct questions regarding the policy to the proper hospital representatives.

b) AGH requires all contracts with third party agents who collect bills on behalf of AGH to include provisions that these agents will follow AGH's FAP.

c) AGH will provide a refund to a patient if payments have been made more than the approved financial assistance rate and established copayment.

d) AGH provides patients with options for payment arrangements.

e) AGH upholds and honors individuals right ask questions and seek reconsideration.

f) AGH will annually review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

g) AGH will make financial assistance eligibility determinations and the process of applying for financial assistance equitable, consistent, and timely. AGH will allow 30

days for processing of the application and 30 days to contact the patient with the determination in writing.

2. Individual Patient Responsibilities

a) To be considered for a discount under the FAP, the individual must cooperate with AGH to provide the information and documentation necessary to determine eligibility and to apply for any financial assistance that may be available to pay for healthcare such as Medicare, Medicaid, third-party liability, etc. This includes completing the required application forms and cooperating fully with the information gathering and assessment process.

b) An individual who qualifies for financial assistance must cooperate with the hospital to establish a reasonable payment plan and must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify AGH of any change in financial situation so that the impact of this change may be evaluated against the FAP, their discounted hospital bills, or provisions of payment plans.

E. Eligibility Criteria and Basis for Calculating Federal Poverty Level (FPL)

1. A patient's Adjusted FPL will be calculated using the patient's household income plus liquid assets and household family size.

i. Special Charity Funding Sliding Scale departments are excluded from calculating the FPL using assets. Federal Poverty Level calculation will be household size and current income only.

2. If any other charity or indigent care program is used to discount a bill and leaves a patient balance, AGH financial assistance cannot be applied, except in special cases, with approval of facility leadership and/or revenue management leadership.

3. Patient's must be ineligible for Medicaid, Child Health, Indigent Care Programs (where applicable), or other financial assistance programs.

4. Medicaid patients who receive non-covered medically necessary services will be considered for financial assistance. Financial assistance may be approved in instances prior to the Medicaid effective date.

5. Insurance programs leaving a patient balance may be eligible for AGH Financial assistance if the patient meets financial screening requirements. Financial assistance determinations will be based upon the patient's liability, not original charges.

6. Patients who are approved for financial assistance and have accounts in bad debt may have those accounts reviewed on a case-by-case basis. AGH will accept a FAA Form up to 90 days from the date of the first post-discharge statement.

7. Non-medically necessary services and procedures will not qualify for AGH's FAP.
8. Established residency in AGH's market service area is required, unless the visit is due to an urgent or emergent visit. All scheduled services for patients who reside outside the market area require prior approval from the facility Chief Financial Officer.
  - i. For scheduled services: If an ordering provider has requested services at AGH and the same service is also provided at another facility closer to the patient's residence and not in AGH's primary market service area, AGH may request the ordering provider to re-evaluate the services and request the services be performed closer to home.
9. Residents of countries outside the United States of America are not eligible for financial assistance without prior approval from the facility Chief Financial Officer.
10. A third-party scoring tool may be used to justify FPL calculation.
11. Additional extraordinary circumstances that may qualify for financial assistance on a case-by-case basis:
  - a. Individual is homeless
  - b. Individual is deceased and has no known estate able to pay hospital debts
  - c. Individual is incarcerated
  - d. Individual is currently eligible for Medicaid, but was not eligible at the date of service
  - e. Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act
12. When determining an individual's income, the following information is required:
  - a) Household size and income include all members of the immediate family and other dependents in the household as follows:
    - i. An adult and, if married, a spouse.
    - ii. Any natural or adopted minor children of the adult or spouse.
    - iii. Any minor for whom the adult or spouse has been given the legal responsibility by a court.
    - iv. Any student over 18 years old, dependent on the family for over 50% support (current tax return of the responsible adult is required).
    - v. Any other persons dependent on the family's income for over 50% support (current tax return of the responsible adult is required).
13. Proof of Physical address (at least 2 of the following: current months utility, water, trash, or rent/mortgage)
14. Income documentation for the last 90 days
  - a) Income Tax Return
  - b) IRS form W-2
  - c) Paycheck stub
  - d) Complete bank statements (savings and checking)
  - e) Signed attestation to income
  - f) If no income documentation is available, a notarized letter, identifying how you are financially surviving is required
15. Liquid Asset documentation for the last 90 days (Special Charity Funding Sliding Scale departments excluded)
  - a) Investments, including stocks and bonds



- b) Trust funds
- c) Money Market accounts
- d) Mutual funds
- e) Other investment funds that will not incur a penalty for early withdrawal

Example: \$25,000 bill for an Inpatient Stay for family size of 1  
 Employment income of \$16,000 per year  
 Liquid stock investment of \$16,500.  
 Total family resources are  $16,000 + \$16,500 = \$32,500$   
 Calculation determination: eligible for financial assistance with 90% adjustment  
 Patient responsibility: \$2,500 ( $\$25,000 \text{ charges} \times 90\% \text{ adjustment} = \$22,500$ .  $\$25,000 - \$22,500$ )

f) Any crowd-funding websites, social media accounts, or bank sponsored charity/gift fund set up to solicit funds to pay for expenses

**F. Federal Poverty Levels**

- a) See Section L, below, for the Approved Financial Assistance Adjustment Amounts.
- b) Covered AGH Facilities and Providers as described in Addendum A and B.
  - i. AGH offers financial assistance to eligible individuals that may be a 100% reduction from gross charges (i.e., full write-off) less the applicable copay, where the individual's Federal Poverty Level calculation is at or below 200% of the current Federal Poverty Guidelines.
  - ii. Individuals with Federal Poverty Level calculated between 201%-250% of the current Federal Poverty Guidelines are eligible for financial assistance as described in Section L below.
- c) In addition to an income level evaluation as outlined above, the amount of patient responsibility will not exceed 25% of annual income.

**G. Possible Eligibility for Non-Responsive Patients:** AGH recognizes that certain patients may be unwilling or unable to cooperate with AGH's application process. Under these circumstances, AGH may, but is not required to, utilize other sources of information to make an individual assessment of financial need. This information will enable AGH to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

1. AGH may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for AGH financial assistance under the traditional application process.

H. Extraordinary Collection Activities (ECA's) will not be initiated earlier than 120 days after the first billing statement is sent to the individual. The notice of ECA's must be provided to the individual at least 30 days before the deadline specified in the notice.

- a) The final notice will include:
  - a) Amount due and owing
  - b) The name, address and telephone number of the health care provider
  - c) Where payment may be made
  - d) The date of service
  - e) Plain language summary regarding availability of financial assistance, where to receive help for applying for assistance, where to obtain the FAA and FAP

I. Incomplete FAA Form Submitted

- i. If an individual submits an incomplete FAA Form, AGH may take the following actions:
  1. Suspend any reporting to consumer credit reporting agencies/credit bureaus;
  2. Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAA Form that the individual must submit to complete his or her FAA Form and include the hospital's PLS with the notice;
  3. Provide the individual with at least one written notice that informs the individual that the hospital may engage in adverse reporting to consumer credit reporting agencies/credit bureaus if the individual does not complete the FAA Form or pay the amount due by a specified deadline. The deadline date must not be earlier than the last day of the application period or 30 days after the written notice is provided to the individual. Individuals will be given 60 days to resubmit a completed form before extraordinary collection activities (ECA's) will occur. If ECA's have already started, AGH will stop ECA's during the 60-day period.

J. Method for Obtaining Assistance with or Applying for Financial Assistance

1. AGH will use the FAA Form date to assess eligibility based on the patient's most recent financial status.
2. Patients interested in obtaining assistance with or applying for financial assistance may:
  - Contact Revenue Management at 575-748-3333
  - Contact the hospital financial counselor (See Addendum C for all locations)

Visit the AGH website at <http://www.artesiageneral.com/for-patients-and-families/billing-and-financial-services/financial-help/> to obtain a copy of the FAA.

- Log into the AGH Patient Portal at <https://artesiageneralportal/MFP/>

K. Leadership has determined that a completed AGH Financial Assistance Form process will be either:

- a) If the patient applies for financial aid while in-house, it stays with the financial counselor regardless of how long it takes to complete.
- b) If patient applies for financial aid after discharge and it is 100 days from the date of service, the application then goes to Revenue Cycle Financial Counselors to process.

L. Approved Financial Assistance Adjustment Amounts

1. Once the supporting documentation has been submitted and the individual has been approved for financial assistance, the following discounts will apply off gross charges.
2. The minimum for 201-250% cannot be lower than 0-250% copay amounts.

Hospital Charges					Professional Charges
FEDERAL POVERTY LEVEL	PATIENT RESPONSIBILITY (INPATIENT, OBSERVATION, SAME DAY SURGERY)	PATIENT RESPONSIBILITY (OUTPATIENT, RECURRING)	PATIENT RESPONSIBILITY (EMERGENCY)	AMOUNT OF FINANCIAL ASSISTANCE APPROVED	PROFESSIONAL FEES ASSOCIATED WITH ANY AGH SERVICES
0-150%	\$650 copay per visit	\$50 copay per visit	\$50 copay per visit	100% (less copay)	15% of charges
151-200%	10% of charges	10% of charges	10% charges	90%	25% of charges
201-250%	20% of charges	20% of charges	20% of charges	80%	35% of charges

**Special Charity Funding Sliding Scale\***

FPL Amount	Patient Responsibility
0% - 100%	\$0
101% - 120%	\$20
121% - 140%	\$25
121% - 160%	\$30
161% - 180%	\$35
181% - 200%	\$40
201% - 250%	\$45
251% - 299%	25% of charges with a \$50 min
300% - 399%	35% of charges with a \$80 min
Greater that 399%	Standard SP discount - 50%

\*If at any time the department determines that the patient responsibility amount due is a barrier to care for the patient, and with Supervisory approval, they reserve the right to adjust the remaining balance as a courtesy adjustment, following the existing processes.

M. Individual Payment Plans

1. Payment plans will be individually developed with the individual patient. All collection activities will be conducted in conformance with federal and state laws governing debt collection practices. No interest will accrue to account balances while payments are being made unless the individual has voluntarily chosen to participate in a long-term payment arrangement that bares interest applied by a third-party financing agent.

2. All payment plans will follow AGH facility payment guidelines.

<b>Account Balance</b>	<b>Plan Duration</b>
• < \$500	No more than 12 months
• \$501 - \$1499	No more than 18 months
• \$1500 - \$4999	No more than 24 months
• > \$5000	No more than 36 months

All payment plans should be at least \$25 per month. If the patient requests payments less than \$25 or longer payment plan than outlined above, the proposed plan must be approved by one of the following:

- Revenue Cycle Director
- Chief Financial Officer (CFO)

3. If an individual complies with the terms of their individually developed payment plan, no collection action will be taken.

**N. Record-keeping**

1. AGH maintains (and requires billing contractors to maintain, where applicable) documentation that supports the offer, application for, and provision of financial assistance, including income verification and available assets, for a minimum of seven years.

2. Summary information regarding applications processed and financial assistance provided will be maintained for a period of seven years. Summary information includes the number of patients who applied for financial assistance, the amount of financial assistance provided to each patient, and the total bill for each patient.

3. The cost of financial assistance will be reported annually in the Community Benefit Report. Financial Assistance (Charity Care) will be reported as the cost of care provided (not charges) using the most recent available operating costs and associated cost to charge ratio.

**O. Approval levels for Financial Assistance**

a) The Revenue Cycle department provides organizational oversight for the provision of financial assistance and the FAP.

b) Approval levels for financial assistance area as follows:

Financial Counselor	\$10,000 and under
Supervisor/Manager	\$10,000 – 49,999
Director	\$50,000 – 99,999

The balances above pertain to episodic patient accounts, not cumulative

c) The approval request will be e-mailed to the appropriate person based on the approval levels above. The e-mail response will be scanned into the patient's electronic record. The adjustment will occur after the appropriate approval has been obtained.

i. Note: if the patient meets criteria and qualifies, there is no need for approvals

d) Approved applicants will be informed of the approval amount and their patient responsibility, along with instructions to contact AGH to arrange for payment of any outstanding amount. On denied applications a letter explaining the reason for denial and a contact number will be sent.

e) The CFO will be notified of any charity adjustments

P. Patients will be required to re-apply if new income level information becomes available and could change the charity status. Patients may also request to reapply if their income level reduces significantly or their family status changes. Previous patient payments will be applied to the patient responsibility.

## **Reference(s):**

Centers for Medicare & Medicaid Services at: <https://cms.gov/Medicare/Coverage/Determination/Process/LCDs.html>

Federal Register at: <https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines>

Internal Revenue Service at: [www.irs.gov](http://www.irs.gov) and <https://www.irs.gov/pub/irs-drop/n-15-46.pdf>

## HHS POVERTY GUIDELINES FOR 2020

The 2020 poverty guidelines are in effect as of January 15, 2020

The Federal Register notice for the 2020 Poverty Guidelines was published January 17, 2020.

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

## **Addendum A**

### **Services provided for Rural Health Clinic Patients**

Artesia General Hospital  
702 N 13<sup>th</sup> St  
Artesia, New Mexico 88210  
575-748-3333

## **Addendum B**

### **Providers Contracted to provide services for Rural Health Clinic Patients**

Dr. Joe Salgado  
Dr. Joann Couch  
Susan Caley, CNP  
Erica Guerrero, NP  
Reginald Johnson, NP  
Jennifer Smoot, NP  
Matthew Kaiser, PA  
Bianca Ortega, PA  
Terah Sexton, PA  
Ruth Covin-Weeks, NP  
Ronald Haugen, NP



ARTESIA

Artesia General Hospital

Financial Information Form

Print Patient Name

Account No. or Social Security No.

Instructions: All questions must be answered. If a question does not pertain, write N/A on the line. Attach a photocopy of one of the following proofs of income to the completed form:

- 1. Last years tax return statement
2. Social Security check or award letter
3. Last 2 paycheck stubs
4. Unemployment or Food Stamp award letter
5. Letter from employer - on letterhead (to include employee name, hourly wage, number of hours worked)

Citizenship (check one): U.S. Citizen Non-US Citizen

Marital Status (check one): Married Single Divorced Seperated

Names of Dependents (legal deductions on your tax return) Number in household

Name: Relationship Date of Birth
Name: Relationship Date of Birth
Name: Relationship Date of Birth
Name: Relationship Date of Birth
Name: Relationship Date of Birth
Name: Relationship Date of Birth

Housing (check one) Own Rent Paid House Payment \$ /month

Utilities Electricity \$ /month Gas \$ /month Water \$ /month

Automobiles Own (How many?) Lease (How many?) Car Payment(s): \$ /month

Bank Accounts/Other Assets (must answer all three questions)

Checking Account? Yes No \$ Savings Account? Yes No

Additional Assets? (Circle one) Yes No Describe

Employment-PATIENT- Name of Employer:

Employment-SPOUSE/GUARNTOR - Name of Employer:

Patient Employed Full Time Spouse/Guarantor Employed Full Time
Employed Part Time Employed Part Time
Not Employed Not Employed

Other Support Alimony \$ per month Child Support \$ per month
Trust Fund \$ per month Survivors Benefit \$ per month
Unemployment \$ per month Workman's Comp \$ per month

Total Family Income \$ per month (Award requires proof of income with application)

I hereby declare that the above information is true and correct. If the information supplied is inaccurate or incomplete or the patient's family income exceeds the charity guidelines, I understand that I will be responsible for payment of the entire balance of the bill. I understand this determination is conditional and does not apply to third party claims such as lawsuits, settlements, hospital liens, or any other third party payment or liability. Artesia General Hospital retains its rights to recover the full balance of my bill from any third party resource to the fullest extent allowed by law. If my (our) case is selected for Indigent Care classification, I (we) give my (our) consent to Artesia General Hospital to obtain information from any source to verify the statements I (we) have made.

Patient / Guarantor Signature

Date

Approved Denied

Administrative Signature

Date