

2018 Financial Hardship Policy

Purpose:

Integritas has established this policy to maintain consistency in assisting indigent patients who request a reduction or waiver of certain medical expenses and/or copayment amounts.

This policy outlines Integritas' policies and procedures in relationship to the application and approval process for patients who otherwise are unable to pay or afford the costs of medical expenses. Integritas will take into account the overall financial circumstances of the applicant and apply this policy consistently.

If approved, Integritas may elect to reduce or waive certain amounts which are due from uninsured or underinsured patients who can successfully demonstrate that paying medical expenses would cause significant financial hardship.

Financial Hardship Criteria:

Integritas will take into account a range of factors when deciding whether the full payment of the medical expenses will cause the applicant or its financial guarantor a financial hardship. In making the decision whether to reduce on a sliding scale or waive certain fees, Integritas will review the household income, living expenses, and debts. Written verification, in some instances, may be required to substantiate and verify information contained in the financial hardship application.

Integritas reviews all applications in combination with the current year's federal poverty guidelines to assist in determining qualifications for a financial hardship reduction or waiver. (Attachment A)

In applying these guidelines, Integritas will also consider and take into account any other income and expenses including money earned in the **entire household**. Income and employment status verification may be required, including tax returns, check stubs, etc.

Integritas will take into consideration the following factors:

- 1. Whether payment of the medical expenses will affect the applicant's ability to pay for the following living expenses:
 - food and clothes;
 - rent or mortgage payments;
 - any other basic needs; or
 - any special needs (for a serious illness or disability).

- 2. Whether the applicant owns any assets, such as a car or house. Assets also include the following:
 - investments;
 - money in the bank;
 - cash on hand for short-term expenses;
 - money designated for special needs;
 - refunds of taxes;
 - money owed to applicant by any third party.
- 3. Existence and amount of any outstanding debts.
- 4. Patient received services at one of Integritas' designated facilities by one of its providers or affiliate providers.



Application Process for Financial Hardship

An application for a financial hardship for medical expenses and fees must be made in accordance with Integritas' policy entitled "Financial Hardship Policy".

Applicants may request and complete a **Financial Hardship Application Form**. The form can be obtained by visiting the Integritas main office at 2250 N. Illinois Ave., Carbondale, IL, or online at www.iephysicians.com/for-patients. Forms can also be requested from the Integritas Business Operations office through submission of a written request via email at info@iephysicians.com, fax at (618) 861-5302, or U.S. Mail at 2250 N. Illinois Ave, Carbondale, IL 62901. Applicants are required to return the completed forms and submit all required documentation to Integritas within 180 days of the date of service.

Required Information:

Integritas requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by Integritas administrative staff involved in processing and reviewing information for reduction or waiver of medical expenses.

Time Frame:

After an application and verification information are received, Integritas will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within 10 working days from the time that Integritas receives and reviews all required information. All determinations are pursuant to the hardship guidelines and are discretionary and in the sole determination of Integritas.

Applicants will receive a notification letter outlining whether the application has been approved or denied. If an applicant's request for reduction or waiver of the charges is denied, Integritas will provide the applicant with a written notice of its determination. If the applicant's financial situation significantly changes, the patient or their designee may reapply.

Integritas administrative staff will maintain all documentation related to the financial hardship waiver process as confidential. This documentation will include all supporting documentation including the waiver request and all documents provided in support of the request.

Verification of ongoing qualification for financial hardship may be conducted at any time at Integritas' discretion or at the applicant's request.

PLEASE COMPLETE THE ATTACHED APPLICATION AND FINANCIAL STATEMENT.
YOUR REQUEST CANNOT BE PROCESSED UNLESS THE APPLICATION AND
FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED!

Financial Hardship - Attachment A

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA WITH DISCOUNT SCALE

Family Size	Gross Yearly Family Income (GYFI)					
		125% of	150% of	175% of	200% of	> 200% of
	100% of FPL*	FPL*	FPL*	FPL*	FPL*	FPL*
1	\$12,140	\$15,175	\$18,210	\$21,245	\$24,280	>\$24,280
2	\$16,460	\$20,575	\$24,690	\$28,805	\$32,920	>\$32,920
3	\$20,780	\$25,975	\$31,170	\$36,365	\$41,560	>\$41,560
4	\$25,100	\$31,375	\$37,650	\$43,925	\$50,200	>\$50,200
5	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840	>\$58,840
6	\$33,740	\$42,175	\$50,610	\$59,045	\$67,480	>\$67,480
7	\$38,060	\$47,575	\$57,090	\$66,605	\$76,120	>\$76,120
8	\$42,380	\$52,975	\$63,570	\$74,165	\$84,760	>\$84,760
9	\$46,700	\$58,375	\$70,050	\$81,725	\$93,400	>\$93,400
10	\$51,020	\$63,775	\$76,530	\$89,285	\$102,040	>\$102,040
More than 10	For families / households with more than 10 persons, add \$4,320 to the 100% of FPL for each additional person.					
Discount if <=						
GYFI	100%	80%	60%	40%	20%	0%

Payment Plans are available in twelve (12) equal monthly installments

The figures are the 2018 HHS poverty guidelines as of January 13, 2018. (Source: https://aspe.hhs.gov/poverty-guidelines)

^{*} FPL = Federal Poverty Level as specified by the Department of Health and Human Services

Financial Hardship Application

Please complete the application and attached financial statement. Please return all forms and required documentation (in person, by fax, or by mail) to Integritas, 2250 N. Illinois Ave., Carbondale, IL 62901. Fax: 618-861-5302. If you have any questions regarding the application, please contact Caleb Sutton at (618) 833-1691, ext. 103 or at csutton@iephysicians.com.

All information relating to financial hardship requests will be kept confidential.

Patient	Name:										
Patient	Accoun	t # (s):									
Address	S:										
City:		State: Zip Code:									
Telepho	Telephone #: DOB:										
SS #:						Date of	Date of Service:				
Name o	f Perso	n completing	this Application (if differen	t from pat	tient listed	d above	e):			
Telephone #:											
Relationship to Patient:											
Number	of fami	ly members I	iving in househol	d (<u>includi</u>	ng yourse	elf):					
Do you	have H	ealth Insuran	ce? Medicare? M	ledicaid?				Ye	es		No
If yes, what insurance do you have?:											
If no, ple	ease ex	plain why:									
Check here if you are Unemployed. How long?:											
Are you collecting unemployment benefits? Yes No							No				
	Check here if you are on Social Security.				How lor	ng?:	·:				
Check here if you are getting food stamps or any monetary assistance.											
What ty	pe?:										
	Check	ck here if you are on disability.				How lo	ong?:				
Did you file a Federal Income Tax Return for last year? Yes No											
Will you file a Federal Income Tax Return for this year?					Ye	es		No			
PLEASE LIST ALL CURRENT EMPLOYERS:											
Employer 1:											
Employer 2:							_				

Financial Hardship Application (continued)

Please provide documentation of proof of hardship. <u>Appropriate documentation of financial hardship</u> would be the following:

- 1) Documented proof that patient is at or below 200% of the current federal poverty guidelines. Documents should include:
 - Δ Income tax return (copies of the last two years signed 1040 Tax Returns)
 - Δ Pay check stubs for the past 90 days for <u>all</u> persons employed who reside in the home
 - Δ Current year Social Security or Disability letter with benefit amounts
 - Δ Unemployment check stubs for the past 90 days
 - Δ Proof of all other income received in the past 90 days
 - Δ Application Forms from Medicaid or other State-funded medical assistance program
- 2) Document proof that patient has other circumstances that indicate financial hardship. These can be situations such as:
 - Δ Proof of all outstanding debts or bills (copies of bills, statements, late notices, etc.)
 - △ Proof of bankruptcy settlement (if applicable)
 - △ Catastrophic situations (death or disability in family, divorce) or other documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.
- Please describe patient indigent circumstances (please attach additional documentation if necessary):

ľ	MONTHLY HOUSEHO	OLD INCOME & SOURC	E
	Patient	Spouse/Parents	Dependents
Monthly Salary (<u>Gross</u>)	\$	\$	\$
Public Assistance Benefits	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Disability Benefits	\$	\$	\$
Social Security Benefits	\$	\$	\$
Workman's Compensation	\$	\$	\$
Child Support	\$	\$	\$
Food Stamps	\$	\$	\$
Other (Alimony, Etc.)	\$	\$	\$
Subtotal:	\$	\$	\$
TOTAL MONTHLY HOUSEH	OLD INCOME \$		
I hereby acknowledge that the Emergency Physician Service purpose of assessing financia	es, LLC to verify inform		
Signature of Person Making R		// Pate	
Printed Name of Person Maki	ng Request		

Note: If all documentation REQUESTED is not received, including the most current complete signed INCOME TAX RETURN and PROOF OF INCOME for every family member in the household, the application will be DENIED.