

# **ADVANCED ORTHOPAEDIC ASSOCIATES, P.A.**

## **CHARITY CARE PROGRAM POLICY**

EFFECTIVE DATE:

### **1. Principles**

Advanced Orthopaedic Associates (“AOA”) is committed to improving the health of the people and communities we serve. As part of that ongoing commitment, AOA works to help our patients address any financial responsibilities they may have for their medical treatment in a way that is fair and sensitive to their circumstances. We have instituted a Charity Care Program designed to help those who find themselves in financial difficulty.

### **2. Qualification Guidelines:**

#### *A. Qualifying Patients:*

A patient may participate in the Charity Care Program only if the patient meets each of the following:

- i. His/her household income is not greater than 400% of the then current Federal Poverty Level, as set forth in the then-current Poverty Guidelines published by the United States Department of Health and Human Services;
- ii. He/she (a) does not have any health insurance coverage, does not participate in any entitlement program or other payment assistance plan, and is not otherwise entitled to payment of medical expenses by a third party; or (b) has exhausted all such program benefits; or (c) requires services that are not covered by such program;
- iii. He/she has applied for insurance coverage for which he/she potentially qualifies; and
- iv. He/she has submitted to AOA all applications, forms, and documents required by AOA to participate in the Charity Care Program.

Except as set forth in this Policy, patients who fail to meet the foregoing requirements will not be accepted into the Charity Care Program and will remain responsible for their AOA charges, subject to applicable law.

All references in this Policy to “patient” include the individual(s) responsible for the health care costs incurred by the patient, unless the context indicates otherwise.

The discounts provided through the Charity Care Program will apply to clinic visits and a surgeon’s fee for inpatient and outpatient surgeries and procedures (hereinafter, “Applicable Services”). The Charity Care Program does not extend to those fees associated with the facilities where inpatient and outpatient surgeries and procedures are performed. AOA makes no representation as to the

availability of charity care or similar discounts offered by those facilities.

#### B. *Special Circumstances*

AOA acknowledges that special circumstances might arise suggesting that a patient who does not otherwise meet the criteria necessary to qualify for the Charity Care Program should be eligible to receive charity care. Therefore, notwithstanding anything to the contrary set forth in this Policy, AOA may provide charity care to such patients, in AOA's sole and absolute discretion.

### 3. Financial Guidelines

For patients in the Charity Care Program with household income at or below 100% of the Federal Poverty Level ("FPL"), 100% of the applicable AOA charges will be awarded as charity care if the patient meets all other requirements of the Charity Care Program.

All other patients who meet the requirements of the Charity Care Program will owe AOA the applicable percent of the Medicare Rate for Applicable Services, as set forth below:

Household Income	Amount Owed
0% - 100% of FPL	None
101% - 150% of FPL	20% of Medicare Rate
151% - 175% of FPL	30% of Medicare Rate
176% - 200% of FPL	50% of Medicare Rate
201% - 225% of FPL	60% of Medicare Rate
226% - 250% of FPL	80% of Medicare Rate
250% - 400% of FPL	100% of Medicare Rate

Any charges, including co-pays, deductibles and co-insurances, remaining after application of the Charity Care discount are the responsibility of the patient. AOA will assist patients in the Charity Care Program to pay their outstanding charges by arranging a monthly payment plan, with each monthly payment not exceeding 10% of the patient's household gross monthly income.

### 4. Procedure

A. *Information:* Upon patient request, AOA will provide patients with information related to the Charity Care Program, including a copy of this Policy.

B. *Application Process:*

i. Patients must submit an application for the Charity Care Program and attach documentation for household income and family size.

1. Household Income Documentation may be submitted in the form of:

- Two (2) or more months' worth of recent paystubs
- Previous year's tax return- **REQUIRED**
- Previous year's W-2(s)
- Unemployment benefits forms

2. Family Size Documentation may be submitted in the form of:

- a. Birth Certificates for each dependent
- b. School enrollment forms for each dependent

ii. The Executive Director (or his/her designee) will contact the patient within five (5) business days of receiving the application for the Charity Care Program. If needed, an interview will be conducted with the patient (in person, via telephone, or via e-mail) to gather additional information necessary for assessing the patient's application.

iii. Once the Executive Director (or his/her designee) reviews the patient's application and submitted documentation, he/she determines: (a) the patient's eligibility for charity care and (b) the discount percentage to which the patient is entitled. Patients may be approved for charity care on an account-by-account basis or for a period of time (for a course of treatment) or pending coverage from other sources for which the patient has applied. This information will be communicated to the patient in writing and will inform him/her of the specific amount that remains due from the patient after application of the indicated charity care discount.

iv. After the Executive Director (or his/her designee) approves the patient's Charity Care Program application, the patient's AOA charges for Applicable Services are adjusted to reflect the amount of any discount to be applied. The patient is billed for any remaining amount due and is offered the telephone number of an AOA employee who can assist the patient with creating a self-payment plan and the repayment steps.

v. AOA's Executive Director ensures that the AOA Charity Care Program is audited at periodic intervals to assess the adequacy and fairness of its Charity Care Program process and determinations. Changes are made in the process as indicated by the audits.

vi. Patients will be required to recertify personal and financial information for participation in the Charity Care Program every twelve months or more frequently as requested by AOA. Patients may be asked to recertify financial information when long term installment payment plans are being completed. Patients must promptly report to AOA any changes in circumstances that might affect their eligibility for participation in the Charity Care Program.

vii. If a patient fails to comply with any Charity Care Program requirements, then (A) the patient will be terminated from participation in the Charity Care Program, (B) the patient will be responsible for 100% of the outstanding charges, and (C) the patient will be excluded from eligibility for the Charity Care Program for a period of two years.

C. *Patient Billing Collection Process:*

Statements are sent to patients to advise them of balances due. Although bills will continue to be generated and mailed to patients during the application process, payments will not be expected until after a determination about charity care is made. An account will NOT be sent to collections if a completed application for the Charity Care Program is pending a decision.

Balances are considered delinquent when the patient fails to make either acceptable payment or acceptable payment arrangements. Patients are notified of delinquent balances by messages on

the statements, phone calls, final notices, or collection letters. Delinquent accounts may be placed for collection if the patient fails to respond. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act.

**FORM**  
**APPLICATION FOR CHARITY CARE PROGRAM**

**Patient Information:**

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

Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

Responsible Party (if different than the Patient listed above): \_\_\_\_\_

Please provide the reason(s) for applying to the Charity Care Program.

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Please attach the documentation of Household Income and Family Size.

Household Income: Documentation (attach at least **TWO** of the items listed below):

- Two (2) or more months' worth of recent pay stubs.
- Your tax return from the previous year
- Your W-2(s) from the previous year
- Unemployment benefits forms

Family Size: Documentation (attach at least one of the items listed below):

- Birth certificates for each dependent
- School enrollment forms for each dependent

Once your application has been reviewed, we will contact you at the above-listed phone number or email address regarding the status of your application. If necessary, we may request additional information or an interview (in person, via telephone, or via e-mail) to gather more information for assessing your application.

By signing below, I certify that the above information and the attached documentation are true and correct to the best of my knowledge. I understand that I have the right to revoke my application for the Charity Care Program at any time. I also understand that additional information may be necessary in order for AOA to assess my Charity Care Program application and agree to work with AOA to provide the information needed.

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

Date: \_\_\_\_\_

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