

## **FINANCIAL ASSISTANCE PROGRAM POLICY**

Northside Hospital, Inc. and its tax-exempt affiliates ("Northside") are committed to fulfilling their charitable mission as a not-for-profit health care provider. Uninsured, underinsured and medically indigent patients having limited or inadequate resources to pay for health care services rendered at a Northside Facility may be eligible for financial assistance through Northside's Financial Assistance Program.

1. **Financial Assistance is Available for Medically Necessary Services.** Financial assistance may be available to patients who (i) reside in the states of Georgia, Alabama, Florida, North Carolina, South Carolina or Tennessee, and (ii) received emergency or medically necessary health care services at a Northside Facility. Medically necessary services are inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms which, if otherwise left untreated, would pose a threat to the patient's ongoing health or well-being. Each request for financial assistance will be reviewed independently and allowances may be made for extenuating circumstances on a case-by-case basis.
2. **Financial Assistance Eligibility Determination Process.** To be considered for financial assistance under Northside's Financial Assistance Program, a patient may be screened verbally prior to admission over the phone or in the emergency department, or a patient must complete Northside's Financial Assistance Application available at <http://www.northside.com/billingandcollections>, and provide Northside with financial and other information necessary to support a patient's eligibility for financial assistance. Patients will be required to provide proof of residency in one of the following states: Georgia, Alabama, Florida, North Carolina, South Carolina, or Tennessee. Patients residing outside of these states and non-us citizens, in certain circumstances, may qualify for financial assistance.

Patients may be asked to provide, if applicable:

***Note:** Patients will be asked to manually redact their SSN on any copy of supporting documentation. If personnel receive copies of supporting documentation that contain patients' SSN, they will black out the SSN.*

- Most recent bank statements for personal and business checking and savings accounts
- Recent pay stub(s) with validation of pay frequency
- Current year W-2 form and/or recent year tax return
- Written verification of wage from employer
- Written verification from public welfare agencies or other government agencies which can attest to the Patients Gross Income status for the past 12 months
- Social Security Award Letter
- Verification of Pension or Retirement Income
- Alimony and/or Child Support Court Order or Divorce Decree
- Unemployment Income Notice
- State separation notice and status of unemployment filing
- Notarized Letter of Support: If the Patient has no Gross Income he or she should provide written documentation from person(s) or entities who provide him or her daily living necessities (food, shelter, clothing)
- Verification of student status which is defined as a copy of current class schedule, registration information and a copy of the student photo ID
- Monthly expenses (e.g., utilities, auto payment, insurance, loans, credit cards)
- Patients seeking assistance due to medical indigency may need to submit evidence of assets
- If insured, provide copy of Health insurance card (Front and Back)

After receiving a patient's application for financial assistance and supporting financial information or other documentation needed to determine eligibility for assistance, Northside will provide written notification regarding the determination within thirty (30) to sixty (60) days of receiving the request. Incomplete applications will be denied and a letter indicating what information is missing will be sent to the applicant. Upon receipt of the missing information, Northside will reconsider the application. Applicants may appeal denials of financial assistance by submitting an appeal request in writing. An appeal form will be included with the letter denying financial assistance.

In the event that a patient needs services on an urgent basis, Northside will work with the patient to process any such request for financial assistance on an expedited basis.

Northside will offer financial assistance adjustments to patients who meet the established Financial Assistance Program guidelines and have completed the appropriate application. Additionally, Northside may discuss with patients the availability of government or other assistance programs as appropriate and assist patients in evaluating their eligibility for such programs.

Patients who present with out-of-state Medicaid coverage for services via the Emergency Department are eligible to receive a full discount on care. In addition, patients seen by a hospitalist that is not in-network with their Medicaid plan, are eligible to receive a full discount on their physician charge.

Patients with annual household income less than or equal to 300 percent of the Federal Poverty Income Level qualify to receive a full discount on care if they meet Northside's Financial Assistance Program guidelines. Income, assets, debt and expenses will be evaluated for financial assistance approval. Patients who are insured or have a third-party liability claim are only eligible to apply for financial assistance in the event they have a remaining balance after all payment resources are exhausted. Additionally, Northside may, within its discretion, discount care for medically indigent patients whose medical or hospital bills from all related and unrelated health care providers, after payment by all third-party sources, would cause the Patient significant financial hardship.

Patients who present with out-of-network coverage are only eligible to apply for financial assistance for services via the Emergency Department. In the event it is determined that the patient withheld out-of-network insurance information from the application, NSH will have the ability to rescind the Financial Assistance approval.

Additionally, in certain instances and within Northside's discretion, Northside may utilize a third-party to help identify patients that qualify for financial assistance based on publicly available patient information (e.g., participation in state-funded prescription programs, participation in the Women, Infants and Children (WIC) program, participation in the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), subsidized school lunch program eligibility, or eligibility for other state or local assistance programs). Patients identified as eligible to receive financial assistance by a third-party will not be required to complete the Financial Assistance Application.

All financial assistance approvals will continue to be valid for six (6) months, unless a change in the patient's circumstances would void their eligibility. Additionally, Northside

may request information to confirm that a patient's financial circumstances continue to meet the Financial Assistance Program guidelines.

*Please note that Northside will treat all applications, supporting documentation, communications and information obtained by third parties with the highest regard for patient confidentiality.*

3. **Amounts Generally Billed.** Northside does not charge any patient that qualifies for financial assistance more than Amounts Generally Billed ("AGB").

- AGB is calculated by multiplying the full price for medical care that is uniformly applied for services, before contractual discounts or deductions ("Gross Charges"), by the AGB percentage.
- The AGB percentage is calculated by dividing (i) the sum of claims paid in full for emergency and other medically necessary care for Medicare Fee-For-Service and all primary payer private health insurers for the prior 12-month period by (ii) the sum of the associated Gross Charges for these claims.
- Northside's current AGB percentage is 32%. Accordingly, if a patient qualifies for financial assistance for services received at a Northside Facility, the most the patient will be charged is 32% of Gross Charges (e.g., if a patient's Gross Charges are \$10,000, the most the patient will be charged for these services is \$3,200).

4. **Billing and Collections.** If a patient is responsible for all or part of the cost of services received at a Northside Facility, Northside will attempt to bill and collect from the patient. If after 120 days a patient has not made a payment on a bill, Northside will refer the patient's account to a primary collection agency. The primary collection agency will subsequently attempt to collect payment from the patient. During this process, the primary collection agency will analyze a patient's assets and ability to pay and may make a recommendation to Northside on whether to pursue further action, including, but not limited to, referral to a secondary collection agency.

5. **Northside Providers not Subject to the FAP.** Certain services provided at a Northside Facility by a physician, physician assistant, nurse anesthetist or other professionals are not covered under Northside's FAP. Specifically, services provided in the following departments by the following providers, are not covered by the Financial Assistance Program:

- Emergency Department Services provided by Emergency Department Physician Services, Cherokee Emergency Services LLC, or Gwinnett Emergency Specialists, PC
- Pathology Department Services provided by Pathology & Lab Medicine (PALM) or Gwinnett Pathology Associates
- Radiology Department Services provided by Northside Radiology Associates or North Metropolitan Radiology Associates
- Neonatal or Perinatal Services provided by Neonatology (Pediatrix), Georgia Perinatal Consultants, Maternal-Fetal Specialists (MEDNAX) or Gwinnett Neonatology
- Psychiatric Services provided by Neuropsychiatric Consultants

6. **Additional Information Regarding Northside's Financial Assistance Program.** Northside will widely distribute this policy to the public by posting a copy on Northside's website and posting a copy in Northside's Emergency Departments, registration areas and waiting rooms. Northside will also include a reference to the link on the website where the policy and application can be found in the pre-admission welcome letter. Additionally, Northside's Financial Assistance Application and appeal form may be obtained by:

- Requesting a copy from the Financial Counseling Department located in the Main Admissions Office at each hospital campus
- Obtaining a copy from Northside's website at <http://www.northside.com/billingandcollections>
- Contacting or visiting one of Northside's Financial Counseling Offices between the hours of 9:00am and 4:00pm, Monday through Friday:
  - Atlanta Financial Counseling Office – (404) 851-8589, located at 1000 Johnson Ferry Road, Atlanta, Georgia 30342
  - Cherokee Financial Counseling Office – (770) 720-5484, located at 201 Hospital Road, Canton, Georgia 30114
  - Duluth Financial Counseling Office – (678) 312-3200, located at 3620 Howell Ferry Rd, Duluth, GA 30096
  - Forsyth Financial Counseling Office – (770) 844-3246, located at 1200 Northside Forsyth Drive, Cumming, Georgia 30041
  - Gwinnett Financial Counseling Office – (678) 312-4406, located at 1000 Medical Center Boulevard, Lawrenceville, GA 30046

All completed Financial Assistance Applications should be mailed to the following address:

Northside Hospital Business Office  
Attention: Financial Assistance  
1001 Summit Blvd NE Suite 150  
Atlanta, Georgia 30319