



## **Financial Assistance Guidelines**

Digestive Health Specialists, PA (DHS) is committed to providing excellent healthcare to all residents of the communities in which we serve. Because of that commitment, DHS has implemented several programs to assist patients who need financial assistance and are unable to pay medical bills in full at the time of service. DHS offers:

1. A discounted payment plan for services provided to uninsured and/or self-pay patients.
2. A level monthly payment plan for patients who require extra time paying off medical bills.
3. Unrestricted access for patients with Medicare/Medicaid and other government funded programs
4. A charity care plan for patients who are considered indigent via Federal Poverty Guidelines.

### **A patient will be considered for charity care if:**

A. The patient is referred by Health Care Access or other similar charitable organization that arranges for medical care for the financially needy in Forsyth County and the surrounding communities in which we serve.

B. Charity Care will be extended to those who meet all of the criteria listed below:

- a. The patient is uninsured
- b. The patient is not eligible for Medicaid or is pending Medicaid approval
- c. The patient is financially unable to commit to an installment payment arrangement
- d. The patient lives in a community in which DHS serves.
- e. The patient has completed the DHS financial assistance application and meets the Federal Poverty Guidelines, established in February of each year by the Department of Health and Human Services. The current 2016 Federal Poverty Guidelines are:

### **2016 DHS Poverty Guidelines**

<b>Number in Family</b>	<b>Gross Yearly Income</b>
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	36,730
8	40,890
For each additional person, add	\$4,060

C. Patients may request financial assistance by contacting the DHS Billing Office. Patients requesting charity care will be sent a financial assistance application. The application will contain a request for the following financial information.

- a. A copy of their last three pay check stubs
- b. Current year Federal 1040 tax return
- c. Unemployment benefits (check stubs)
- d. Social Security benefits (copy of check or letter from Social Security)
- e. Department of Social Services grants and/or amount of food stamps
- f. Medicaid Approval or Denial Letter

D. Monthly statements for any outstanding balances will continue during the application process.

E. Completed and returned forms will be evaluated for approval by the DHS Billing Office.

F. The following structure will be utilized to determine the amount of charity care to be provided:

<b>Level of Income by Family Size</b>	<b>Applicable Discount</b>	<b>Patient Responsibility</b>
Less than Poverty - Current Poverty level	100%	Minimum Payment
101%-125% of Poverty Level	80%	20%
126% - 150% of Poverty Level	60%	40%
151% - 175% of Poverty Level	40%	60%
176% - 200% of Poverty Level	20%	80%
Over 200% of Poverty Level	0%	100%