



**COMMUNITY HOSPITAL OF STAUNTON CHARITY POLICY**

**Purpose:** Community Hospital of Staunton will work to promote the health and well being of the citizens of the community, and will provide care to patients who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare service provided by the hospital.

**Policy:** It is the policy of the hospital to allow for either fully or partial uncompensated services to responsible parties upon their request, and those who provide the required documentation to qualify under specific criteria.

- Procedure:**
1. All applicants must complete and sign the financial statement. (Sample attached)
  2. All applicants must provide verification of income including the following: Prior tax returns AND: current pay stubs, written verification of wages from employer, unemployment letter, social security check, bank statement, disability check, letter of eligibility for cash assistance.
  3. **ALL** applicants must apply if IDPA and have poof of IDPA denial.
  4. **ALL** applicants must apply for any other source of payment that they may qualify for such as Medicare, KidCare, third-party liability, etc.
  5. Financial statement and documentation will be reviewed by hospital administration.
  6. Upon approval or denial, the applicant will be notified in writing by certified mail.

**Eligibility Criteria:** Federal Poverty Guidelines for 2019 will be used as a guideline. Assets other than income will be considered to determine an individual’s ability to meet their financial obligations. An individual, who has met the qualifying criteria will be eligible for Charity Discount based upon the following schedule:

Family Income is up to 125% of guideline	-	100% discount
Family Income is 126% to 200% of guideline	-	75% discount
Family Income is 201% to 300% of guideline	-	50% discount

Poverty Guidelines are as follows:

<u>Family Size</u>	<u>Poverty Guideline</u>	<u>125% of Guideline</u>	<u>126-200% of Guideline</u>	<u>201-300% of Guideline</u>
1	\$12,490	\$15,613	\$24,980	\$37,470
2	16,910	21,138	33,820.	50,730
3	21,330	26,663	42,660	63,990
4	25,750	32,188	51,500	77,250

5	30,170	37,713	60,340	90,510
6	34,590	43,238	69,180	103,770
7	39,010	48,763	78,020	117,030
8	43,430	54,288	86,860	130,290

For family units with more than eight members, add \$4,420 for each additional member.

For individuals granted a partial discount, the hospital will establish a reasonable payment plan. It will be the patient's responsibility to meet the requirements of the payment plan or notify the hospital why they are unable to meet their obligation. For those patients who do not meet their obligation for payment, the hospital will seek collection to the fullest extent including legal action.

\*\*Exclusions: Elective procedures, routine work, yearly physicals and accounts already at the credit agency. Effective: 01/23/2019  
Supersedes all other policies.