



<b>Department:</b> Business Office	<b>Number:</b> FN1.03
<b>Subject:</b> Financial Assistance Policy	<b>Effective Date:</b> : 11/1/2018
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As part of its commitment to serve the community and provide quality medical care to all of our patients, Reeves County Hospital District (RCHD) provides a Financial Assistance Program to patients who satisfy certain requirements. This includes patients who don't have health insurance and can't pay their bill as well as patients who have coverage with an insurance carrier but are unable to pay their portion of the bill after insurance pays.

#### **Classification as Medically Indigent**

Medically Indigent means a patient who's medical or hospital bills, after payment by third-party payers, exceeds a specified percentage of the person's yearly income, and who is unable to pay the remaining bill.

#### **Initial Assessment**

To be considered for classification as a Medically Indigent patient, the amount owed by the patient after payment by all third-party payers must exceed ten percent (10%) of the patient's yearly income and the patient must be unable to pay the remaining bill. If the patient does not meet this initial assessment criteria, the patient may not be classified as Medically Indigent.

#### **Criteria**

Reeves County Hospital District may accept a patient who meets the Initial Assessment criteria for Medically Indigent and meets the criteria set forth below:

##### **Annual Income Between 250% and 500% of the Federal Poverty Guidelines.**

The patient's income must be greater than 250% but less than or equal to 500% of the Federal Poverty Guidelines. In these instances, Hospital will determine the amount of financial assistance granted to these patients based upon the patient's Annual Income as compared to the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). The range of discount will vary from 40-90%.

An applicant for financial assistance will be asked to provide proof about income and resources and complete a Financial Assistance Application. However, if documentation shows that an



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attempt has been made to obtain verifications, and the patient has not provided them, then RCHD may determine eligibility based on information given in the application.

NOTE: Changes reflected in this Financial Assistance Policy are a formalization of procedures that have been followed to qualify patients for financial assistance.