

Patient Financial Services
Financial Assistance Policy

Effective Date: 5/1/1997

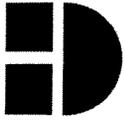
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I. POLICY

- A. Danbury Hospital is a not for profit, tax-exempt entity with a charitable mission of providing medically necessary health care services to residents of the City of Danbury and the Hospital's defined primary service area, regardless of their financial status and ability to pay.
- B. It is the policy of Danbury Hospital to provide "Financial Assistance" (either free care or reduced patient obligations) to persons or families where: (i) there is limited or no health insurance available; (ii) the patient fails to qualify for governmental assistance (for example Medicare or Medicaid); (iii) the patient cooperates with the Hospital in providing the requested information; (iv) the patient demonstrates financial need; and (v) Danbury Hospital makes an administrative determination that Financial Assistance is appropriate.
- C. After the Hospital determines that a patient is eligible for Financial Assistance, the Hospital will determine the amount of Financial Assistance available to the patient by utilizing the Charitable Assistance Guidelines (**Exhibit 1**), which are based upon the most recent Federal Poverty Guidelines issued by the U.S. Department of Health and Human Services ("FPGs").
- D. In the case of patients who qualify for discounted (but not free) care, the Hospital will work in good faith with patients to establish payment plans that are fair and workable in light of each patient's available resources.
- E. Danbury Hospital will regularly review this Financial Assistance Policy to ensure that at all times it: (i) reflects the philosophy and mission of the Hospital; (ii) explains the decision processes of who may be eligible for Financial Assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to indigent patients. In the event that applicable laws, rules or regulations are changed, supplemented or clarified through interpretative guidance, the Hospital will modify this Policy and its practices accordingly.

II. PURPOSE

- A. Danbury Hospital is committed to advancing the health and well-being of those in its community by providing an integrated high quality and cost effective network of health care services and education centered around a teaching



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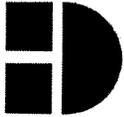
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hospital, consistent with current medical standards for the prevention, diagnosis, treatment, and rehabilitation of illness; and anticipating and responding to new developments in the health care system; and integrating its services with those of other medical and social service organizations in the region (e.g., home health care agencies, long term care facilities, and physical, mental, alcohol, and drug rehabilitation) so as to optimize the availability of such services within the region in a cost effective manner. Consistent with this mission, Danbury Hospital recognizes its obligation to the community it serves to provide financial assistance to indigent persons within the community.

- B.** In furtherance of its charitable mission, Danbury Hospital will provide both (i) emergency treatment to any person requiring such care; and (ii) essential, *non-emergent* care to patients who are permanent residents of its primary service area who meet the conditions and criteria set forth in this Policy, without regard to the patients' ability to pay for such care. Elective procedures generally will not be considered essential, non-emergent care and usually will not be eligible for Financial Assistance.

III. ELIGIBILITY AND DETERMINATION OF AMOUNT

- A.** Eligibility: A patient will be eligible for Financial Assistance if the patient: (i) has limited or no health insurance; (ii) applies for but is deemed ineligible for governmental assistance (for example Medicare, Medicaid or State-Administered General Assistance); (iii) cooperates with the Hospital in providing the requested information; and (iv) demonstrates "financial need" or is deceased with no estate, no payment source and no health insurance. In addition, a patient will be eligible for Financial Assistance in the event Danbury Hospital administration, in its discretion, deems such eligibility appropriate under a patient's unique circumstances (for example, where a patient has insurance coverage but lacks the financial resources to pay applicable co-pays, deductibles and excess amounts). For purposes of this Policy, the term "patient" is used with regard to the patient or the applicable payment source for the patient's care (e.g., parent, guardian or other responsible party).
- B.** Financial Need: A patient may be deemed to have financial need: based on either **indigency/financial hardship** or **medical hardship** (each as defined below).



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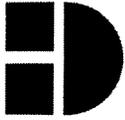
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1. Indigency/Financial Hardship: A patient may demonstrate financial hardship by showing that the patient has **income** and **available assets** below the FPG thresholds set forth on **Exhibit 1** (as amended from time to time to reflect the most current FPGs published by DHHS). For these purposes, “income” includes salaries, legal judgments, unemployment compensation, dividends, interest checks and other recurrent sources of income or resources. “Available assets” includes savings, certificates of deposit, individual retirement accounts, marketable securities or similar liquid assets readily convertible to cash (however, in no event will this term include a patient’s primary residence). *[Note: Consider whether to leave assets out of the eligibility determination, and factor into the analysis of an appropriate payment plan for the remaining balance owed.]*

If a patient’s income and available assets combined are at or below **600%** of the FPGs, the patient will receive some form of Financial Assistance. The Financial Assistance may be either a complete waiver of all patient responsibility or a discount or reduced patient obligation, depending on the patient’s income.

- If a patient’s income and available assets combined fall between **0%** and **400%** of the FPGs, the patient will have no financial responsibility for the care provided by the Hospital. This means that the full charges for services rendered (including copayment and deductible amounts) are completely waived.
 - If a patient’s income and available assets combined are greater than **400%** of the FPGs but not more than **500%** of the FPGs, the patient will qualify for a 50% discount on the charges for services rendered.
 - If a patient’s income and available assets combined are greater than **500%** of the FPGs but not more than **600%** of the FPGs, the patient will qualify for a 30% discount on the charges for services rendered.
2. Medical Hardship: In addition to income and assets, Danbury Hospital will also consider Financial Assistance where a patient’s medical bills are of such an amount that payment threatens the patient’s financial survival. In such circumstances, the discount to be offered to the patient will be determined by Hospital personnel in their discretion.



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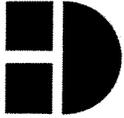
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- C. Calculation of Amounts to Be Billed: The net amount to be billed to a patient qualifying for financial assistance hereunder will be determined by (i) calculating the gross charges for services rendered to the patient, and (ii) applying the appropriate discount (as determined pursuant to the above and Exhibit 1). Notwithstanding the foregoing, however:
1. Consistent with Connecticut law, any uninsured patient whose income (alone, without regard to available assets) falls below **250%** of the FPGs will not be charged more than Danbury Hospital's cost of providing services to the patient; and
 2. Consistent with applicable Federal tax laws, the net amount billed to any patient qualifying for financial assistance pursuant to this Policy (after applying the appropriate financial assistance discount determined above) will not exceed the greater of (i) the net amount that would be charged based on applying an average of the Hospital's three highest commercial payor discounts, or (ii) Medicare rates.

[Note: The provisions of 501(r) are subject to multiple interpretations. The language proposed here is the more favorable interpretation for hospitals. Depending on how these issues evolve through the development of regulations and interpretative guidance, however, we may need to switch to the more patient-friendly approach, whereby the charge limitation is applied at the gross charge level, before the financial assistance discount is applied.]

IV. PROCEDURES AND OBLIGATIONS FOR DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

- A. All self-pay patients will be informed of the availability of financial assistance pursuant to this Policy.
- B. Because a patient is not eligible under this Policy until s/he has applied for and been deemed ineligible for federal and state governmental assistance programs, Danbury Hospital's Financial Services Department will assist patients in enrolling in federal and state governmental assistance programs. Trained financial counselors and other personnel may be contacted at (203) 739-7773 or (203) 730-5800 for any assistance required in completing the Application for



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Financial Assistance or with any other materials required by the Hospital under this Policy.

- C. Although ideally the Hospital will make a determination about Financial Assistance during pre-registration or prior to discharge, this may not be possible, either because the patient does not provide the necessary documentation, or the patient's circumstances change after discharge, or in other circumstances where a given patient's circumstances or needs are identified. **A patient may request consideration at any time, and Danbury Hospital will evaluate a patient's eligibility under this Policy as requested, up to and including consideration during the collections and judgment phase.** Patients are encouraged to contact the Hospital if their circumstances change or if additional need is identified. The Hospital will review all information provided and relevant circumstances bearing on the need for Financial Assistance, will make a determination of eligibility, and will promptly notify the patient of his/her financial obligations, if any, as set forth below.

D. Eligibility Determination Procedure

1. Hospital staff will immediately forward to the Hospital's financial counselors a copy of the pre-admission record for any patient who has no insurance. Financial counselors will contact the patient to schedule a financial interview as soon as is practicable but ideally before admission for a non-emergent, medically necessary service, and prior to discharge for an emergency admission. For emergency services, the Hospital will not delay screening or treatment of an emergency medical condition pending this financial interview.
2. To determine whether a patient is eligible for Financial Assistance, the patient will be required to complete the Patient Financial Worksheet (**Exhibit 2**). The Worksheet will be made readily available to patients through methods including (without limitation) posting on the Hospital's website, distribution at the Hospital's Patient Registration and Admissions areas and the Patient Financial Services offices, and inclusion in the informational binders provided in patient rooms.
3. Patients must return the Worksheet to the financial counselor in the self-addressed stamped envelope provided by the Hospital within ten (10) days. Failure to timely supply required information will result in denial



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of a patient's request for provision of Financial Assistance. Patients are obligated to cooperate and provide all information needed in a timely manner. The Hospital will make reasonable efforts to offer and provide assistance to patients in connection with the completion of the Worksheet. However, if assistance is needed in gathering necessary information or materials requested as part of the Financial Assistance qualifying process, patients are encouraged to contact one of the Hospital's trained financial counselors at (203) 739-7773 or (203) 730-5800. Financial counselors also are available to assist patients with assessing their financial situations, gathering information requested by the Hospital, and assisting with similar tasks.

4. As part of the financial interview process, financial counselors will request the following documentation in order to process and validate Financial Assistance applications:
 - a. Confirmation of annual income and assets:
 - Last four pay stubs and/or W2 form, social security award, unemployment compensation letter
 - Most recent income tax return
 - Most recent checking and savings account statements for all accounts upon which patient is listed as an account-holder
 - Banking/investment account statements
 - b. Confirmation of patient's Social Security Number and birth date. Proof must be in the form of one of the following:
 - Social Security Card
 - Birth certificate
 - Baptismal Certificate
 - Military Discharge Papers
 - School Records
 - Drivers License
 - c. Confirmation of residence in the form of one or more of the following:



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- Mortgage Book
 - Current Rent Receipt
 - Current Lease
 - Tax Bill
 - Room and Board Statement
 - Utility Bill
 - Written Verification from Landlord
- E. Although the information above is required from patients seeking Financial Assistance, the Hospital in its discretion may choose not to require some or all documentation depending upon circumstances and the patient's ability to obtain documentation.
- F. Patients have an obligation to provide information reasonably requested by the Hospital so that the Hospital can make a determination of a patient's eligibility for Financial Assistance. **If a patient claims s/he has no means to pay but fails to provide the information reasonably requested by the Hospital, there will be no Financial Assistance extended and normal collection efforts may be pursued in the Hospital's sole discretion.**
- G. Eligibility and Notification Process:
1. Upon receipt of a patient's Patient Financial Worksheet, the Financial Services Department will review the patient's application to determine that it is complete, including all required documentation. If it is not complete, the application will be returned to the patient for completion. If the Hospital returns an application to a patient as incomplete, the Hospital will contact that patient by telephone. If the Hospital is able to reach the patient by telephone, the Hospital will offer the patient an in-person or telephonic interview to determine such patient's eligibility for Financial Assistance. If the Hospital is unable to reach the patient by telephone, or if there is no listed telephone number available, the Hospital will send a letter to the patient that details what is needed and that explains to the patient that it is his/her responsibility to contact the Hospital within ten (10) days of receiving the letter. The Hospital's trained financial counselors will offer to meet with the patient to assist him/her in completing the application so that the Hospital has all of the



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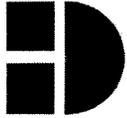
necessary information to make a determination on the patient's eligibility for Financial Assistance.

2. The Financial Services Department will complete the Financial Assistance Eligibility Determination Form attached as **Exhibit 3**, and will determine the amount the patient owes, if any. The Financial Services Department will inform the patient of his/her eligibility for Financial Assistance, and the amount of such Financial Assistance, within five (5) business days of the determination.
3. A determination of eligibility under this Policy will be effective for one (1) year. At the end of such time period, patients continuing to require essential medical services will be expected to re-apply or update their prior applications, in order to permit the Hospital to make a new determination regarding the patient's continuing eligibility for Financial Assistance.

V. COMMUNICATION

The Hospital will communicate the availability of Financial Assistance to its patients and the general public through measures that include providing or posting copies of this Policy, summaries thereof (if more conducive to patient understanding), appropriate signage and/or brochures:

- On the Hospital's website;
- In the Hospital's Emergency Department;
- In the Patient Registration and Admissions areas;
- In the Patient Financial Services Department;
- In other waiting areas throughout the Hospital premises (as may be reasonably workable and appropriate);
- In patient informational binders included in patient rooms; and
- In bills and statements sent to patients.



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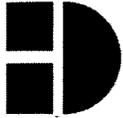
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As provided above, Patient Registration staff and Patient Financial Counselors will ensure that all self-pay patients are notified regarding the availability of Financial Assistance per the terms of this Policy.

Pertinent materials will be provided in English, Portuguese, and Spanish, which are the languages appropriate to the community served by the Hospital. All such materials will include pertinent contact telephone numbers and/or e-mail addresses to permit patients appropriate resources for completion of the Worksheet and answers to any other questions they may have about the Hospital's Financial Assistance Program.

VI. DOCUMENTATION AND RECORDKEEPING

- A.** The Financial Services Department will maintain all documentation of Financial Assistance within the Hospital's Financial Assistance file. The Financial Assistance file will include a cumulative total of Financial Assistance cases, together with supportive documentation. Supportive documentation will include, at a minimum, the following:
- The number of applicants for free and reduced cost services;
 - The number of approved applicants;
 - The total and average charges and costs of the amount of free and reduced cost care provided;
 - Any other information required by, or necessarily to permit complete and accurate reporting under, applicable federal and state laws (including without limitation CT Public Act 03-266).
- B.** The Director of Patient Access and Financial Services will review the status of the Financial Assistance program with the Chief Executive Officer, or his/her designee, on a regular basis. The Chief Executive Officer or his/her designee will be responsible for presenting this Financial Assistance Policy to the Board of Directors at least annually. Such presentation will include a detailed statement on what the Hospital's policy is on Financial Assistance, the impact of this Financial Assistance Policy on Hospital operations and the level of need and benefits being conferred to the community under the Hospital's Financial Assistance program.



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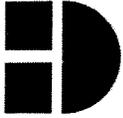
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- C. Information about the amount of Financial Assistance provided will be provided in accordance with federal and state laws and regulations on reporting information under the Hospital's Financial Assistance Policy.

VII. PATIENT RIGHTS AND RESPONSIBILITIES

- A. To be eligible for Financial Assistance, the patient must cooperate with the Hospital by providing the necessary information and documentation necessary to apply for appropriate federal and state governmental assistance and other financial resources that may be available to pay for his/her health care. Prior to being considered eligible for Financial Assistance from Danbury Hospital, the patient must apply for all other appropriate sources of financial assistance. Danbury Hospital will assist patients with making such applications by providing assistance in completing the relevant forms and by assisting the patient with understanding how his/her income and assets relate to the Hospital's Charitable Assistance Guidelines. Consistent with this Policy, where the Hospital is aware that a patient will not qualify for a particular type of federal or state governmental assistance (e.g., based upon citizenship), the Hospital may waive the requirement that the patient apply for such assistance prior to becoming eligible for Financial Assistance.
- B. Any request for Financial Assistance will be made by or on behalf of a patient. Patients may apply for, and will be encouraged to apply for, Financial Assistance before, during or within a reasonable time after Hospital care is provided. In the event a patient does not initially qualify for any Financial Assistance, the patient may re-apply upon a showing of change in circumstances.
- C. Patients who are deemed eligible for any Financial Assistance must: (i) cooperate with the Hospital to establish a reasonable payment plan, which will take into account all available income and assets, the amount of the discounted bill and any prior payments; and (ii) make good faith efforts to honor any agreed-to payment plan for their discounted Hospital bills. Patients who fail to make payments according to their established payment plans will be contacted by the Hospital by telephone and in writing to address the circumstances; in such cases, Hospital Financial Counselors will work with patients to establish a modified payment plan suitable to the patient's needs and resources. However, if a patient refuses contact from the Hospital or otherwise fails to respond after repeated efforts by the Hospital over a reasonable time



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period, the Hospital may submit a patient's account to collection. In that context, collection measures may include garnishment, liens (including on residences) and other practices consistent with applicable law. *[Note: Consider instead adding these provisions to the Billing and Collection Policy.]*

- D.** Patients are responsible for communicating to the Hospital any change in financial status that may adversely impact their ability to pay their discounted Hospital bill or to honor the provisions of their payment plans. Similarly, in the event that a patient's financial circumstances become more favorable while receiving assistance under the Hospital's Financial Assistance program, the patient will be required to notify the Hospital of such change in circumstances.

EXHIBIT 1

FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES Based on 2010 Federal Poverty Guidelines

<u>Family Size</u>	<u>Federal Poverty Guidelines (2010)</u>	<u>250% - 400 % (or Below) Poverty Guidelines (100% write-off)</u>	<u>400% - 500% Poverty Guidelines (50% write-off)</u>	<u>500% to 600% Poverty Guidelines (30% write-off)</u>
<u>1</u>	<u>\$10,830</u>	<u>\$27,075 to \$43,320</u>	<u>\$43,321 to \$54,150</u>	<u>\$54,151 to \$64,980</u>
<u>2</u>	<u>\$14,570</u>	<u>\$36,425 to \$58,280</u>	<u>\$58,281 to \$72,850</u>	<u>\$72,851 to \$87,420</u>
<u>3</u>	<u>\$18,310</u>	<u>\$45,775 to \$73,240</u>	<u>\$73,241 to \$91,550</u>	<u>\$91,551 to \$109,860</u>
<u>4</u>	<u>\$22,050</u>	<u>\$55,125 to \$88,200</u>	<u>\$88,201 to \$110,250</u>	<u>\$110,251 to \$132,300</u>
<u>5</u>	<u>\$25,790</u>	<u>\$64,475 to \$103,160</u>	<u>\$103,161 to \$128,950</u>	<u>\$128,951 to \$154,740</u>
<u>6</u>	<u>\$29,530</u>	<u>\$73,825 to \$118,120</u>	<u>\$118,121 to \$147,650</u>	<u>\$147,651 to \$177,180</u>
<u>7</u>	<u>\$33,270</u>	<u>\$83,175 to \$133,080</u>	<u>\$133,081 to \$166,350</u>	<u>\$166,351 to \$199,620</u>

****** For family units with more than 8 members, add \$3,740 for each additional member.

Note: This Exhibit shall be updated from time to time to reflect the most current FPGs issued by the U.S. Department of Health and Human Services.

EXHIBIT 2

PATIENT/PAYMENT SOURCE FINANCIAL WORKSHEET

Patient Name: _____
Household Size: _____

Account Number: _____

1A Calculation of Available Income

Monthly Salary/Pension _____ x 12 _____
Monthly SSI/VA _____ x 12 _____
Income Total _____ x 12 _____ (AA)

1B Calculation of Monthly Expenses

Rent _____
Electric _____
Gas _____
Telephone _____
Water _____
Car Payments _____
Credit Cards _____
Insurance _____
Other _____
Food (\$100.00 x dependents) _____
Monthly Expense Total _____
Expense Total _____ x 12 _____ (BB)

1C Eligible Income for Hospital Bills _____ (CC)
(AA - BB) (if less than 0, enter 1)

1D Estimate Hospital Billing to Patient _____ (DD)

1E Identification of Liquid Assets

Bank Accounts _____
Bonds _____
Stocks _____
CD's _____
Mutual Funds _____
Liquid Asset Total _____ (EE)

1F Total Patient Due Minus Liquid Assets (DD- EE) _____ (FF)

1G Eligible Income Minus Patient Due (CC-FF) _____ (GG)

Note: If GG is a negative number, then patient will have no financial responsibility.

_____ I attest that the above information is correct.

_____ I attest that the Patient/Payment Source is unemployed and cannot provide employment documentation.

Signature of Patient/Payment Source

Date

EXHIBIT 3

FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION FORM

Date: _____

Danbury Hospital has conducted an eligibility determination for Financial Assistance for:

Name: _____

Medical Record Number: _____

The completed request for Financial Assistance was submitted by the patient or on behalf of the patient on: _____

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made.

_____ Your request for Financial Assistance has been denied because your income and available assets exceed those set forth in Danbury Hospital's Financial Assistance Guidelines.

_____ Your request for Financial Assistance has been approved for services rendered on _____ . The entire balance will be treated as free care.

_____ Your request for Financial Assistance has been approved in accordance with the criteria under P.A. 03-266 for services rendered on _____ .

_____ You qualify for a discount on charges consistent with the Hospital's sliding scale. This office will contact you to establish a payment plan.

_____ Your request has been denied for the following reason:

_____ Other (please described in detail):

If you have questions about this determination, please contact:

_____ at (203) _____, extension _____.



Patient Financial Services
Addendum to Financial Assistance Program
Account Balances Under \$500.00

POLICY

To establish a policy to provide hospital charity funds to the patients in our community who do not qualify for State/Local Financial Assistance.

Patients with account balances under \$500 may be granted a discretionary grant of free care regardless of the status of the accounts, active or Bad Debt, contingent on verbal disclosure of income and asset information to the Collection Supervisor. Eligibility for charity/free care will be determined based on Federal Poverty Guidelines. (**Exhibit 1**)

Verbal documentation should include:

- Name
- Medical record number
- Demographic information/verification
- Every form of income
- Liquid assets
- Monthly expenses
- Number of family members in household (any family member contributing income)

PROCEDURE

- Using the Financial Assistance Program Small Balance Determination Check List (**Exhibit 2**) as a guide, document the verbal confirmation of income, assets, and monthly expenses, as well as the number of family members in the comments section of the Patient Management or Patient Accounting system.
- A print screen of all accounts, including the documented notes confirming income, assets, and monthly expenses must be provided to the PAFS Administrative Secretary
- Adjust the dollars identified for small balance charity in the Patient Accounting system using SMS adjustment code 84429.
- List all balance on CCI report on the PAFS Department "I" drive folder

Exclusions to undocumented grants are as follows:

- Any patient with account balances over \$500.
- Any patient pending legal action.
- Any patient covered by Medicare (Refer to Financial Counselor to ensure proper documentation is obtained).



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Account Balances Under \$500.00

Tracking:

- Balances adjusted to small balance charity will be identified and reviewed by the Manager of Patient Financial Services via a monthly report, which will provide a detailed listing of patients, and a summary of small balance adjustment activities.
- Once reviewed, a copy of the monthly report will be forwarded to the Director of Patient Financial Services for final approval.

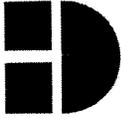
Note:

- **A completed formal application for charity along with three consecutive months of income documentation must be required for account balances over \$200, or when deemed necessary by the Collection Team Leader.**

EXHIBIT 1

CHARITABLE ASSISTANCE GUIDELINES

FINANCIAL ASSISTANCE PROGRAM	
% ABOVE POVERTY GUIDELINES	% DISCOUNT APPROVED
0% - 400%	PT QUALIFIES FOR 100% ADJUSTMENT
401% - 500%	PT QUALIFIES FOR 50% ADJUSTMENT
501% - 600%	PT QUALIFIES FOR 30% ADJUSTMENT



Danbury Hospital

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Addendum to Financial Assistance Program
Account Balances Under \$500.00

EXHIBIT 2

QUESTION TO BE ASKED FOR THE FINANCIAL ASSISTANCE PROGRAM:

NAME: _____

ADDRESS: _____

(CITY)

(STATE)

(ZIP)

ACCOUNT NUMBER (s) _____

EVERY FORM OF INCOME

ASSETS (INCLUDE ANY IRA'S AND BANK ACCOUNT INFORMATION)

MONTHLY EXPENSES

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD (IF CONTRIBUTING TO INCOME OR NOT)

(CUSTOMER SERVICE REPRESENTATIVE SIGNATURE)

**DANBURY HOSPITAL
FINANCIAL POLICY
CREDIT AND COLLECTION**

I GENERAL

To insure adequate reimbursement to meet operating needs, Danbury Hospital (the Hospital) requires payment or proof of the ability to pay at or before the time of service. Consistent with its mission, however, the Hospital will not deny necessary care because of a lack of financial information or financial resources. The Hospital may delay or deny elective care if financial resources are not properly identified.

In general, it is the Hospital's policy that accounts not paid within ninety (90) days will be reviewed for appropriate collection action. No later than sixty (60) days after review, accounts deemed uncollectible will be written-off.

II ASSIGNMENT OF BENEFITS

Medicare - with proper identification, the Hospital will accept Medicare assignment for covered services. Deductibles and co-pays are due in accordance with federal regulations. Non-covered services, with proper notification, are payable at the time of service or billing. The Hospital recognizes its responsibility to provide notice of non-coverage.

Blue Cross - with proper identification, the Hospital will accept Blue Cross assignment for covered services. Deductibles and co-pays are due in accordance with the Blue Cross agreement force. Non-covered services, with proper notification, are payable at the time of service or billing. The Hospital recognizes its responsibility to provide notice of non-coverage.

Medicaid - with proper identification, the Hospital will accept Medicaid assignment for covered services.

Other third-party coverage - with proper identification, the Hospital will, as a courtesy, bill other non-contracted third-party payors. Since there is no contractual relationship between the Hospital and these payors, the Hospital considers the patient or guarantor ultimately responsible for payment. Further, the Hospital will wait a maximum of sixty (60) days from initial billing for third-party payment at which time any outstanding balance immediately becomes a patient responsibility. After one hundred and twenty (120) days all outstanding balances become immediately due. The Hospital may, at its discretion, wait another thirty (30) days if the patient and/or third-party payor shows a good faith effort to expedite payment. Third-parties regulated by federal or state statutes are excluded from these requirements.

Self-pay obligations - as noted above, the Hospital will not deny necessary care because of a lack of financial resources. Self-pay obligations are, however, payable at the time of service or billing. The Hospital will assist third-party coverage. Additionally, the Hospital will provide a credit review to determine if financial assistance and/or extended credit terms are warranted.

III CREDIT

The Hospital will maintain credit and financial counseling departments, with appropriate policies and procedures, to assess patients' ability to pay. This department is responsible for verification of third-party coverage, credit analysis, determining self-pay obligations and administering financial assistance programs.

IV COLLECTION

The Hospital will maintain a properly staffed collection department, with appropriate policies and procedures, to follow-up with the collection of aged self-pay and other third-party receivables. This department will also be responsible for recommending account write-offs, referrals to outside collection agencies and, when appropriate, collection litigation after consultation with Hospital legal counsel.

V NOTIFICATION

Inpatient and One Day Surgical Admissions - the patient, admitting physician, chief of service and the operating room (if necessary) will be notified as soon as possible of any admission delayed or denied for financial reasons.

Outpatient - the patient, the department requested to provide service, and the referring physician will be notified as soon as possible of any treatment or services delayed or denied for financial reasons.

Issues regarding determination of medical need will be resolved between the attending (referring) physician and the chief of service.

SELF-PAY COLLECTION PROCESS

Pure Self-Pay (F/C P) Inpatient and Outpatient Accounts

Timeline:

One day after blue & white bill, system sends Letter 94 “uninsured letter” to guarantor (OP) and Letter 95 “uninsured letter” to inpatients.

Fifteen days (IP) or thirty days (OP) from the first blue and white bill, patient balance > \$24.99, system sends statement to guarantor.

Thirty days from last statement, patient balance between \$25.00 and \$2499.99, system sends final notice letter to guarantor. (For account balances > \$2499.00 collector follows up manually)

Thirty days from final notice letter, patient balance between \$25.00 and \$2499.99, system changes financial class to Z, which is pre bad debt (Sits in Z for 3 weeks then changes to FC G).

- **Charges are reviewed for accuracy.**
- **All accounts are reviewed by entering Medical Record Number into the patient accounting system. Each account is assessed for insurance information or programs available through Danbury Hospital or outside agencies such as charity, grants, eligibility under Public Act 03-266, or Medicaid. If insurance information is found, the status is reviewed for payment or denial. If denied, the reason for denial is identified and the account is assessed for potential resubmission. All notes on other accounts are reviewed for any information that may be helpful in the collection of all outstanding accounts.**
- **If no insurance information is identified, an inpatient final bill is mailed to the guarantor with a letter and a copy of the summary letter detailing charity policies and the qualifications for P.A. 03-266 (see attached). Outpatient bills are sent without a letter, however the summary letter detailing charity policies and qualifications for P.A. 03-266 is sent separately.**
- **The guarantor is contacted for payment in full, settlement in full, or time payments. If the guarantor indicates they are unable to pay or cannot meet Danbury Hospital’s time payment policy, the guarantor is referred to the Financial Counselor for assessment for other programs, i.e. Medicaid, charity, P.A. 03-266. If the account balances for the outstanding accounts are less than \$500.00 each, the account is reviewed for small balance charity. For all inpatient and outpatient surgery accounts the financial counselor’s**

notes are reviewed. If there are no notes from the financial counselor, the supervisor in financial counseling is contacted for review.

- **All self-pay inpatient and outpatient surgery accounts with account balance over \$2,499.99 are reviewed by the collection team. The financial counselor should have worked these accounts and documented their assessment. All accounts identified for Atty Simko by the financial counselor are referred to Attorney Simko by the Collection Team after review with the Managers of Patient Access and Patient Financial Services.**
- **If the guarantor cannot be reached at home or if there is no home telephone available, the place of employment is contacted if applicable. If guarantor cannot be reached at employment or is unemployed, an attempt is made to contact all "Emergency Contacts" identified in Patient Management.**
- **If a message is left for the guarantor, a follow-up call is made within 48 hours.**
- **A contact letter is mailed for all accounts where the collector has been unsuccessful in reaching the guarantor. (See attached)**
- **Property ownership and assets are verified for all patients with cumulative balances greater than \$2499.99.**
- **Once all collection efforts have been exhausted, a final notice letter is mailed to the guarantor. (See attached)**
- **Provided that all collection efforts have been exhausted, and a final notice has been sent to the guarantor, the account is reviewed with the Managers of Patient Access and Patient Financial Services for approval for referral to CCI, Attorney Simko or Attorney Tobin.**
- **If insurance information is identified, the insurance coverage is verified via the appropriate web site or with the carrier directly. If insurance is valid, the final bill and the letter are discarded and the verified insurance information is entered into the patient management system. Support Services is contacted for a new account generation.**

Self-Pay Balance after Insurance or Insurance Rejection (F/C U & M) Inpatient and Outpatient Accounts

Timeline FC U:

Thirty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.

Sixty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends final notice letter to guarantor.

Ninety days from last financial class change, patient balance > \$24.99, response code not J or K system changes financial class to Z (Bad Debt) (Z will change to G in 3 weeks)

Insurance 1 paid today, total insurance balance < 0, System transfers credit balance to Patient Column

Timeline FC M:

Thirty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.

Sixty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.

Ninety days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends final notice letter to guarantor.

One hundred twenty days from last financial class change, response code not J or K, patient balance > \$24.99, total insurance balance=0, system transfers to financial class X (Medicare bad debt). *(Will follow Siemen's Bad Debt Rules)*

- **The patient responsibility is verified via the explanation of benefits, the payer remittance, or the appropriate website.**
- **If the claim is denied for "information requested from member" the guarantor is contacted for the requested information which is then submitted to the insurance carrier. If the patient must respond directly to the insurance carrier, the guarantor is advised to contact the insurance carrier.**

If the claim is denied for “info requested from the provider”, the requested information is identified and the account is resubmitted.

- If the claim is denied “patient responsibility” the guarantor is contacted for payment in full, settlement in full or time payments. If the guarantor indicates they are unable to pay, or cannot meet Danbury Hospital’s time payment policy, the collector will refer the guarantor to the Financial Counselor for assessment for other programs such as Medicaid, charity, or P.A. 03-266. If the account balances for the outstanding accounts are less than \$500.00 each, they are reviewed for small balance charity.
- If the guarantor cannot be reached at home or if there is no home telephone available, the place of employment is contacted if applicable. If guarantor cannot be reached at employment or is unemployed, an attempt is made to contact all “Emergency Contacts” identified in Patient Management.
- If a message is left for the guarantor, a follow-up call is made within 48 hours. A contact letter is mailed for all accounts where the collector has been unsuccessful in reaching the guarantor. (See attached)
- Property ownership and assets are verified for all patients with cumulative balances greater than \$2499.99.
- Provided that all collection efforts have been exhausted, and a final notice has been sent to the guarantor, the account is reviewed with the Managers of Patient Access and Patient Financial Services for approval for referral to CCI, Attorney Simko or Atty Tobin.

Non-Contracted Insurance Timeline (F/C 4) Inpatient and Outpatient Accounts

Timeline FC 4:

Thirty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends statement to guarantor.

Sixty days from last financial class change, patient balance > \$24.99, total insurance balance=0, system sends final notice letter to guarantor.

Ninety days from last financial class change, patient balance > \$24.99, response code not J or K system changes financial class to Z (Bad Debt) (Z will change to G in 3 weeks)

Insurance 1 paid today, total insurance balance < 0, System transfers credit balance to Patient Column

Insurance 1 paid today, total insurance balance < 0, System transfers credit balance to patient column
(If patient balance is > \$24.99, then system changes FC to U and sends statement to patient)

- **The insurance carrier is contacted to verify if the account was received and to identify why the claim was not processed.**
- **If the carrier indicates the claim is not on file, the subscriber's name, the insurance ID #, the group name and number if necessary, and the carrier address are verified. The Patient Management/Patient Accounting system is updated with the corrected information and, if necessary, the account is referred to the billing department for resubmission.**
- **If the carrier has denied the claim patient responsibility, the carrier is asked to either fax or send the denial.**
- **The denial is posted in patient accounting and forwarded to document imaging.**
- **The process for pure self-pay collections is followed as stated above.**

Revised 09/28/09

KEVIN'S COMMUNITY CENTER

Free Medical Clinic

(203) 426-0498
183 S. Main St
Newtown, CT

Open every Wednesday from 1-5 PM

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News Events

Welcome To KCC!



Recent News/Events



Summer Social
July 17th, 2010



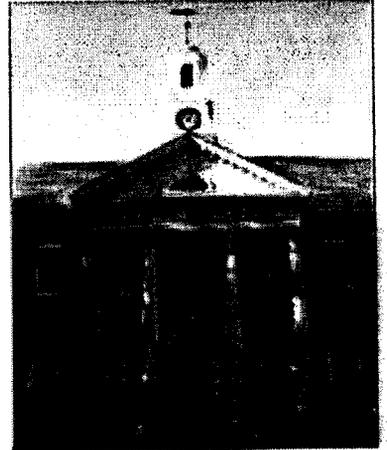
Mozart, Mums and Merlot
September 11, 2010

Our Mission

Our mission is to provide free primary health care for persons over the age of 18 who are uninsured or under insured and have limited financial resources. We currently service the following towns: Newtown, Sandy Hook, Botsford, Hawleyville, Dodgingtown, Roxbury and Bridgewater.

Who We Are

Kevin's Community Center, Inc. is a nonprofit, free medical clinic founded in 2002 by Dr. and Mrs. Z. Michael Taweh of Newtown, CT, in memory of their son Kevin. The clinic instantly made health care accessible to those who had no choice but to let long-standing health issues go untreated. Since the clinic opened its' doors, KCC has served over 1000 patient visits. Through 2008, we provided more than 2 million of free medical services.



Paintings used with permission of Artist Lisa Cascone

Community Benefits

Kevin's Community Center helps relieve the burden of the health care crisis, providing the uninsured the care they need before they have to resort to urgent care. That is why Kevin's Community Center dedicated itself to building a healthy community right here in our own backyard.

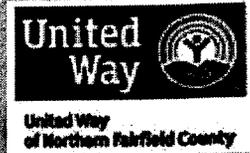
The Need

Approximately 800 families, 3,800 adults, in Newtown alone, have no health care coverage at all. More and more of our neighbors join the ranks of the uninsured. We expect the need for our services to increase. Health care costs continue to rise causing more people to be uninsured each year, as Newtown's population has increased by an estimated 7% from 2000-2004 according to Census Bureau statistics.

Our Vision

Inspired by the need, our vision is to build an independent facility to increase our capacity to see more patients and to establish a comprehensive health care facility that will include educational programs, a library for health information, and an outreach support center to improve and enrich the lives of those most in need in our communities.

KCC is a United Way Affiliate



KCC is able to accept payroll deductions through your employer's United Way Campaign!

KEVIN'S COMMUNITY CENTER

Free Medical Clinic

(203) 426-0496
153 S. Main St
Newtown, CT

Open every Wednesday from 1-5 PM

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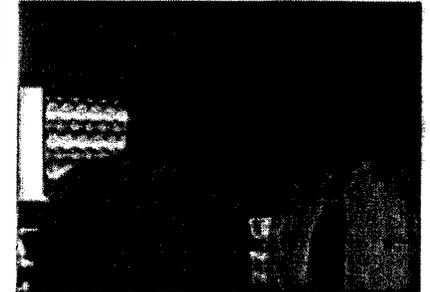
KCC Services

Kevin's Community Center Clinic provides coordinated, comprehensive, personalized primary health care on a first-contact basis, incorporating medical diagnosis and treatment and personal support. The Clinic also supplies information about illness, including the prevention of disability and disease through early detection, education and treatment. These responsibilities, in conjunction with the evaluation and appropriate referral of patients who require specialist evaluation and treatment, comprise the scope of practice for Kevin's Community Center Clinic.

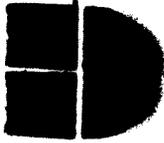
We see both scheduled and walk-in patients each Wednesday afternoon from 1 P.M. - 5 P.M. Appointments may decrease wait time.

Services Available

- Free primary health care
- [Free Diabetes Clinic & Education](#)
- Free Laboratory & Radiological Services
 - Services are offered through the generous support of Danbury Hospital and Housatonic Valley Radiological Associates.
- Free Referral Specialty Care
 - Our network of referrals include over 100 specialists from the greater Danbury area and the Danbury Office of Physican Services who donate their time.
- Prescription Medications
 - Most prescription medications are offered free of charge through our stock samples. The balance is offered at cost through the Drug Center Pharmacy of Newtown and through our patient assistance programs. To keep costs down we also take advantage of the generic Rx programs offered by many pharmacies.



Paintings used with permission of Artist Lisa Cascone



Danbury Hospital
The Community Health Center
Danbury, CT 06810 Tel. 203-787-7000

March 29, 1998

Ms. Karen L. Gottlieb
Executive Director
AmeriCares Free Clinics, Inc.
161 Cherry Street
New Canaan, CT 06840

Dear Karen:

We all enjoyed meeting with you and Dr. Keller yesterday. My understanding is that we will be able to provide you with the basic services you outlined at no cost and other services at cost. You will recap to me shortly the specifics and estimated usage as well as the procedures you propose to follow. At a later meeting we will review the details of the paperwork and operating steps. Let me know when that meeting should occur.

Here is a list of the attendees as they were sitting from your left:

- Paul Iannini, M.D., Chairman, Department of Medicine 7985
- James Morris, Manager of Radiology
- Beth Frayne, Associate Vice President, ED, Lab, Radiology, Dental + more Ed. LOA
- George Terranova, M.D., Chairman, Emergency Department
- June Arias, Administrative Director, Laboratory
- Ramon Kranwinkel, M.D., Chairman, Department of Laboratory Medicine 7338

I'm glad you found the meeting productive. I'll wait to hear from you.

Sincerely,

C. D. Peterson
Vice President
Planning, Marketing & Public Affairs

11
Dr. Substant
797-7291
Kray
CDP/sls

Kevin Krcin
Dir. of Fin...

AmeriCares

Free Clinic of Danbury

150 Main Street • Danbury, CT 06811
Tel: (203) 748-8188 • Fax: (203) 748-8884
www.americares.org • info@americares.org

April 1999

Dear Dr. Goldstein,

We have just completed our data collection for the first two years of operations at the AmeriCares Free Clinic of Danbury. With your support and the generosity of the Danbury community, we have delivered medical care valued at over \$573,000. Over 1,270 patients have made more than 2920 visits from January 15, 1997 through December 31, 1998.

We are so fortunate to have the unprecedented support of Danbury Hospital and the City of Danbury. Our patients have access to a full range of laboratory and radiological/diagnostic tests, as well as consultations with specialists and specialty clinics. Emergency services are provided through the Emergency Department and Dental Clinic of Danbury Hospital. We are particularly fortunate to have the compassionate and capable services of Katherine Kinasewitz, a case worker from the Department of Social Services. She has assisted many patients who qualify for public assistance and has met with over 1,000 patients since we opened. The Danbury Housing Authority continues to be the best landlord possible, providing great space at no cost to the program.

Our volunteers remain the unspoken heroes here. Many come to the clinic every week, and all who come give not only their expertise but their heart. Our physicians often come once a month and some more frequently. The corps of registered nurses function like a finely tuned machine under the direction of Dina Valentz. Dina joined us in May 1998 when Barbara McCabe moved to the Norwalk Clinic and has done an outstanding job imbuing the staff and patients with her enthusiasm and dedication.

We have been fortunate to have a continuity care clinic in place since June 1997 for patients with complicated chronic medical problems. In November 1998 a specialty clinic for diabetes was started that utilizes a multidisciplinary approach to diabetes management. We are comfortable in saying that there are few insured patients who receive the scope of services being provided to our clientele in our specialty clinics!

Finally, we take this opportunity to acknowledge ~~the~~ ~~contributions~~. Duracell has led the way with a generous three-year grant and many other companies, foundations, and individuals have generously given as well. Without the support of financial donors the clinic could not continue to provide the high-quality services that have benefited so many patients.

As we go forward into our third year we recognize the need for more walk-in adult clinic sessions. Hardly a session opens without a line of patients stretching down the hallway. We will facilitate this additional session as soon as physician availability allows. As special needs are recognized, we have the flexibility to address them and to be responsive to the community in which we exist.

It is with our profound thanks that we send this two-year report for your review. The clinic truly could not be the success it is without each and everyone working together as a cohesive team. Our gratitude...from the AmeriCare Free Clinic staff...the AmeriCare Free Clinic of Danbury Advisory Committee...and the most special contingent of our program...the patients. We have included a letter from a grateful family member of one of our patients; it reflects the words of gratitude so often heard from our patients.

Sincerely,

Karen L. Gottlieb
Executive Director
AmeriCare Free Clinics, Inc.

Robert C. Macauley
Founder and Chairman
AmeriCare

Eligibility

Eligibility

AmeriCares Free Clinics are open to those who are uninsured and who are without the financial resources to afford medical care.

To be eligible you must:

- Have no public or private health insurance
- Meet income guidelines – less than 200% FPL (see below)
- Be a resident of the area (for a list of eligible towns click here)
- Provide photo identification
- Provide income verification upon request
- Be 18 years or older for the Danbury and Bridgeport clinics
- Be accompanied by a parent or legal guardian for the Norwalk clinic if you are under 18 years of age

Financial Eligibility Criteria for Patient Services

2010 Income Guidelines - The AmeriCares Free Clinics program will provide health care services, free of charge, to eligible individuals with a total household income under 200% of the Federal Poverty Level. For 2010, this level of income would be:

Household size	Weekly income	Monthly income	Annual income
1	\$417	\$1,805	\$21,660
2	\$560	\$2,428	\$29,140
3	\$704	\$3,052	\$36,620
4	\$848	\$3,675	\$44,100
5	\$992	\$4,298	\$51,580
6	\$1,136	\$4,922	\$59,060
For each addl. Person add	\$144	\$623	\$7,480

You may be asked to provide proof of household income (i.e. tax returns, pay stubs, unemployment checks) in order to ensure eligibility or to help obtain medicines at no cost to you.

Eligible Towns

The AmeriCares Free Clinics serve residents of the following towns:

Danbury Clinic	Norwalk Clinic	Bridgeport Clinic
<ul style="list-style-type: none">• Danbury• Bethel• New Milford• Brookfield• New Fairfield• Redding• Ridgefield• Newtown	<ul style="list-style-type: none">• Norwalk• Darien• New Canaan• Westport• Wilton• Weston	<ul style="list-style-type: none">• Bridgeport• Stratford• Fairfield• Westport• Monroe• Trumbull• Milford• Shelton

Clinic Expectations

The AmeriCares Free Clinics have limited resources and cannot provide care to all those in need. The Clinic will, therefore, give priority to those patients who demonstrate their willingness and determination to forge a real partnership, working together to improve their health status.

- We will not treat abusive or abrasive patients
- We will not treat patients under the influence of drugs or alcohol
- We expect patients to come to the clinic clean and appropriately dressed
- We expect patients to be compliant with their medical treatment as prescribed
- We expect patients to be honest about their medical, financial and insurance status

If any of the above expectations are violated, AFC reserves the right to terminate services immediately, either temporarily or permanently. In such cases, a copy of the patient's records will be made available, at the patient's request, to the health care provider of his/her choice.

© 2011 AmeriCares | 88 Hamilton Avenue | Stamford, CT 06902 | (800) 486-HELP | (800) 486-4357

Powered by Convio

**OUTPATIENT DEPARTMENT/FINANCIAL COUNSELORS
MATERNITY PACKAGE PLAN PRENATAL PROGRAM**

The "Package Plan" fee is \$1500.00 for prenatal care.

The qualification process includes an assessment to determine if the patient and / or the newborn will be eligible for any government sponsored medical assistance programs (Medicaid). The "Package Plan" fee will not be available to patients who qualify for government medical prenatal assistance.

Patients, who qualify for the package, are responsible for the \$1500.00 "Package Plan" fee. Payments are to be made monthly to the Financial Counselor in the Outpatient Department. Bring all medical bills to the Financial Counselor for determination if included in the Package Plan.

Most patients who qualify for the "Package Plan" prenatal program will also qualify for Medicaid for delivery-related bills. If you qualify for Medicaid for your delivery, Danbury Hospital personnel will assist you with the Medicaid Application. If you do not follow through with a Medicaid application, you will be billed for all delivery charges.

COMPLETE PAYMENT IS REQUIRED BY THE SCHEDULED DELIVERY DATE.

If payment is not completed by the scheduled delivery date, the patient has defaulted on the "Package Plan Agreement." At that point, the patient will be responsible for total posted charges.

Covered Services

1. Prenatal outpatient services rendered in Danbury Hospital Outpatient Dept.
2. OB ultrasounds included up to, (2) scans. Further testing will be patient's responsibility.
3. Six weeks of postpartum care (outpatient services only).

No covered Services

1. Inpatient hospitalizations even if pregnancy related. These bills will be handled as routine inpatient accounts.
2. Expenses for non-Danbury Hospital physician services for mother and baby.
3. Services not related to prenatal, delivery and postpartum.
4. Inpatient hospitalizations during the six weeks of postpartum care.

I certify that I have read the above conditions and accept and agree to the terms specified.

Signature

Date

Witness