

Statement of Collection Policy

Failure to make payment for services rendered, in accordance with the financial policies of Bristol Hospital, will result in referral to an outside collection agency. Collection action will be taken by the agency, on behalf of the Hospital, to secure payment, not excluding legal action when appropriate.

COLLECTION POLICIES

GENERAL POLICY

Uninsured Patients:

Patient accounts are considered “**uninsured**” defined by Section 19a-673 of the Ct. General Statutes. A UB bill will be sent to the Guarantor at time of billing. These bills will include Bristol Hospital’s Free Bed Policy Form.

Guarantor Responsibility

The Guarantor will need to comply with the financial arrangements assigned by Bristol Hospital’s Financial Department in order to be eligible for Free Bed Assistance.

- 1, A UB bill will be sent to the Guarantor at time of billing.
2. The Guarantor will continue to receive monthly statements (30 days apart) until the Financial Department determines if the Guarantor meets the Hospital Free Bed Fund guidelines.
3. The account will remain in a “Pending Free Bed” category and no further Collection Action will be taken.
4. If the account is approved for “Free Bed Funds”, the discount will be sent to the Pt. Receivable Manager to adjust from the account which will reflect a zero balance due at that time.
5. If the Guarantor is denied “Free Bed Funds” due to failure to meet Bristol Hospital’s Free Bed guidelines, the account will be considered “Insured” and the account will be considered an “Insured Patient” and Bristol Hospital Collections Department will follow “Insured Patient” collection procedures.

Ended 6.1.11 Mad



a SAINT FRANCIS Care Partner

P.O. Box 977
Bristol, CT 06011-0977
860-585-3000

<http://www.bristolhospital.org>

CREDIT COLLECTION POLICY BH MEDITECH SYSTEM

Detailed Collection Placement Procedure

IN PT/OUT PT

Uninsured/Self Pay Patient Balances

VIA Health Care (Bristol Hospitals early out self pay collector service) works the account to recover balances owed. VIA Health returns outstanding patient accounts after two monthly statements and a Final Notice if payment recovery has not been met.

Via Health returns patients that have not paid on balances and submits to BH as Exhausted Efforts on a weekly time frame. BH Credit Collection Rep reviews VIA Health's report of returned accounts and in Meditech, change the Collection status from VIA to either American Adjustment (alpha A-L) or Medconn Collection (alpha M-Z).

Once the process of placing the accounts are complete they are passed to Pt Receivable Manger who sends the files of accounts to the password protected encrypted files to each agency.

Effective: 6/01/2011

Mad

CREDIT COLLECTION

Detailed Follow-up Procedure

In-Pt/Out Pt/Hospital I & II
Uninsured/self pay accounts

<u>TIME FRAME:</u>	<u>ACTION</u>	<u>RESPONSIBILITY</u>
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First week of each month "Pending W/O to B/D report. 60 days w/out activity (COMENU-ARAD)		CREDIT MNG
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<u>Receipt of report from Data to Credit Rep</u>		CREDIT REP.
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Credit Rep researches each account via the system using:

- CNI- checking for notes as to why acct should not go to collection
- ARPT-at least two statements have been previously sent to guarantor all Insurance's have been billed, amounts owed are in the correct buckets.
- Guarantor Inquiry- No payments have been received within 60 days, No credits are due on guarantor.
- PLM2- Accounts going to collection. Change/review correct agency code to be sent to agency.

<i>Removing accounts not being sent a Final Letter</i>		CREDIT REP.
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- PLM2- (Pending Letter Maintenance) delete this record- YES
- WOBDM (Write off Bad Debt Maintenance) delete from B/D file- YES

<i>Final Notices are produced by the 18th of the month.</i>		DATA
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- The Credit Mng will contact Data(produces letters) and Payroll(they mail The Final Notices
- The Final Notice Letters are reviewed and duplicates are mailed manually by Credit Rep.

<i>End of Month W/O to Bad Debt</i>		
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- | | | |
|--|--|------------|
| <ol style="list-style-type: none">All accounts that received a Final Notice Letter are Placed in B/D (WOMENU-Update W/O to B/DFiles are produced on tape and sent to appropriate collection agency Within first/second week of the month. | | CREDIT MNG |
|--|--|------------|

Revised: 10/02/2002

Rev. 3-4 Mad

Rev. 2-8 Mad

Reviewed 10-11 Mad

PATIENT PAYMENT PLAN PROCEDURE

When a Guarantor/Patient requests a monthly Payment Plan on their open balance accounts the following procedure will be followed.

- a. Payment Plan is set up so the balance owed will be paid within the least amount of time. Credit Collection Rep will have the Guarantor/Patient complete a Payment Plan form and a copy of the form is saved in the In-Pt Collector's office.
- b. A revised Payment Plan will need to be set up with the Guarantor/Patient if there are still outstanding accounts or new accounts unpaid from one year of the original Payment Plan.
- c. Payment Plans will be voided if payments are not received timely.
- d. Payment Plans may not be less than \$35.00 monthly without the Pt Director's signature.

Procedure for Payment Plans

- a.. CNI- each account listed under the Payment Plan agreement will be documented in Collection Note Inquiry by the Credit Rep.
- e. Under Collection Menu (BHCM) the payment plan will be entered.(PPM)
- f. If there is a broken Payment Plan, Credit Rep will delete the Payment Plan and inform the Guarantor/Patient (PPM). This action will remove the Payment Plan from the monthly statement to the Guarantor/Patient.

Revised: 10/02/2002

Rev. 3.4 Mad
Rev 2.8 Mad
Ended 6.1.11 Mad



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PAYMENT PLAN PROCEDURES

EFFECTIVE 6/1/2011, PATIENT PAYMENT PLANS ARE NORMALLY HANDLED BY VIA HEALTHCARE. PATIENTS SHOULD CONTACT VIA TO DISCUSS PAYMENT ARRANGEMENTS BY CALLING, 860 585 3691.

ANY PATIENT THAT IS REQUESTING A PAYMENT PLAN BY BRISTOL HOSPITAL MUST FOLLOW OUR POLICY OF 3 MONTHLY PAYMENTS PER INDIVIDUAL ACCOUNTS WITH THE CLAIM BEING PAID IN FULL ON THE LAST MONTH. .

VIA HEALTHCARE WILL RECEIVE AND HANDLE ALL PAYMENT PLAN ACCOUNTS WITH THE PATIENT AND MONITOR ALL PAYMENT ARRANGEMENTS. ANY PAYMENT ARRANGEMENT IS CONTINGENT ON PAYMENTS BEING RECEIVED TIMELY PER THE AGREEMENT.

EFFECTIVE:6/1/2011 *Ma*

COLLECTION EXHAUSTED EFFORTS

POLICY AND PROCEDURES

Series

STEP:

1. **COLLECTION AGENCY WILL RETURN ACCOUNTS TO HOSPITAL QUATERLY THAT ARE NO LONGER COLLECTABLE.**
2. **IN HOSPIAL SYSTEM UNDER A/R PAYOR TRANSFER (ARPT) CHANGE COLLECTION AGENCY CODE TO EITHER (20) OR (19) MEDICARE ACCOUNTS WITH PT CO PAY/DED ONLY.**
3. **BEFORE COMPLETING W/O FROM BAD DEBT FUNCTION RUN OPTION 11 W/O FROM BAD DEBT SELECTION (W/OFBDS) FOR REIMBURSEMENT REPORT TO MEDICARE ON ONLY AGENCY (19).**
3. **TO REMOVE FROM BAD DEBT FILE TAKE OPTION 14 (UW/OFBDD) ****CHOOSE ONLY EITHER AGENCY CODE 19 AND/OR 20****. NEVER LEAVE BLANK OR ENTER ANY OTHER AGENCY CODE OR BALANCES WILL BE PURGED FROM BAD DEBT FILE.**
4. **ANY RECOVERIES ON PURGED BAD DEBT ACCOUNTS ARE EITHER REINSTATED UNDER (RAA) FUNCTION OR PLACED IN "RECOVERY TO BAD/DEBT "BY ACCOUNTS RECEIVABLE DEPARTMENT.**
5. **OTHER REASONS FOR W/O BAD DEBT ACCOUNTS ARE AS FOLLOWS: BANKRUPTCY ACCOUNTS, NO ESTATE, BRISTOL HOSPITAL SETTLEMENTS (ONLY WITH DIRECTORS APPROVAL)**

Reveived Mar 04

Rev 2.08

Reveived 10.1.11 Mad



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Bristol, CT 06011-0977
860-585-3000

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COLLECTION AGENCY EXHAUSTED EFFORTS
POLICY AND PROCEDURES
MEDITECH SYSTEM

- #1 COLLECTION AGENCIES RETURN ACCOUNTS BACK TO BRISTOL HOSPITAL THAT THEY CONSIDER ARE NO LONGER COLLECTABLE.
- #2 LISTED OF PATIENTS REFLECTING ACCOUNT NUMBER, PT NAME, DOS AND TOTAL AMOUNT OUTSTANDING ARE EMAILED FROM THE AGENCY ENCRYPTED TO BH PATIENT RECEIVABLE MANAGER.
- #3 THE EMAIL IS THEN HANDLED BY THE BH CREDIT COLLECTION REP WHO CHANGES THE COLLECTION AGENCY CODE TO THE EXHAUSTED COLLECTION AGENCY CODE IN MEDITECH SYSTEM.
- #4 ACCOUNT REMAIN MEDITECH AND DO NOT GET PURGED BUT ARE NOT WORKED AFTER THIS POINT.
- #5 ANY PAYMENTS THAT POSSIBLE ARE RECOVERED ON EXHAUSTED EFFORT ACCOUNTS IS POSTED ON THE ACCOUNT WITHOUT ANY COMMISSION BEING SENT TO THE AGENCIES.

EFFECTIVE 6/1/2011

Mad

SMALL BALANCE W/O PROCEDURE

SERIES

THIS PROCEDURE IS USED TO AUTOMATICLY SELECT SMALL BALANCES THAT ARE \$9.99 AND UNDER FROM THE ACTIVE A/R. *FOLLOW THE STEPS BELOW UNDER HOSPITAL I, II AND III.*

****PLEASE NOTE SMALL BALANCE CREDITS WILL NOT APPEAR ON THIS SMALL BALANCE W/O LIST. ALL CREDITS ARE FOLLOWED- ON UP BY THE ACCOUNT RECEIVABLE DEPARTMENT.**

1. OPTION 21 TO CLEAR OUT FILE CB/DSBWF
ENTER OPTION #1 (SM BALANCE W/O FILE)
AND ENTER

2. OPTION 16 (PENDING SM BAL. W/O LIST
DATE STAYS TO TODAYS DATE
PRINTER NAME: QPRINT
CALL I.S. TO PRINT REPORT

3. OPTION 19 (UPDATE SM BAL. W/O LIST
CALL I.S TO PRINT UPDATED REPORT AND SAVE
TO LASER VAULT.

EFFECTIVE: 9/18/1997

Lin Pierce

Rev. Mat 3-4

Rev 2-8 Mat

Rev. 9-1-11 Mat



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SMALL BALANCE W/O PROCEDURE MEDITECH

This procedure uses an automatic selection and write off for balances \$9.99 and under from the active Account Receivable.

There is a report that reflects all Small Balance write offs under the "Process Batches" in B/AR Meditech.

Effective 6/1/2011 *Mad*

W/O OR REINSTATEMENT FROM B/D PROCEDURE

Series

This is used to transfer a balance back to the active A/R that had already been placed onto the B/D side of the system. It can also be used to transfer a balance from the A/R to B/D.

Select option # 26 (W/O or Reinstate Acct Balances) from the Bristol Hospital Write Off Menu.

The following screen will appear.

- Acct # number of the account who's balance is to be transfered .
- Type enter a R if the balance of the account is to be transfered from B/D to the
 enter a B if the balance of the account is to be transfered from the A/R to B
- Item # enter the CDM 990 5257 this number is for General ledger reporting
- Date enter today's date for accounts being reinstated to the A/R.
- press enter
- print screen
- press CMD 6 to record this information into the online system.

Rev. 3.4 Mah

Rev 2.8 Mah

Reviewed 1-1-12 Mal

UNCOLLECTABLE W/O PROCEDURES

Series

ITEMS THAT MAY FALL UNDER WRITE OFFS:

UNCOLLECTABLE-TIMELY FILING	990 8050
UNCOLLECTABLE-NON COV/REIM	990 9782
UNCOLLECTABLE-TO OLD TO BILL	990 8060
UNCOLLECTABLE-NO REFERRAL	990 8065
UNCOLLECTABLE-BANKRUPTCY	990 8070
UNCOLLECTABLE-NO ESTATE	990 5249
SMALL BALANCE W/O	990 5252

BEFORE MONTH END ANY ACCOUNTS THAT QUALIFY FOR THE ABOVE TYPE WRITE OFF IS SUBMITTED TO THE PATIENT RECEIVABLE MANAGER TO REVIEW. THE ACCOUNT IS THEN, SUBMITTED TO THE DIRECTOR OF THE BUSINESS OFFICE BY THE PT REC MNG FOR HER APPROVAL. SHE WILL SIGN HER AUTHORIZATION BEFORE THE ACCOUNT MAY BE WROTE- OFF AS UNCOLLECTABLE.

THE PT. REC. MANAGER WILL ADJUST OFF THE ACCOUNT UNDER "MCP" MISCELLANOUS CHARGE POSTING". ALWAYS PRINT THE SCREEN BEFORE F3 ACCEPT. COPIES OF ALL WRITE OFFS ARE FILED IN THE TWO PT RECEIVABLE MANAGERS OFFICE.

PT RECEIVABLE MANAGER: MARYLOU HORVATH

Jennifer Salomone

Res Cycle Dir. Maria Jimone

REVIEWED 2/05 08

Series Rev. 9.1.11 Mad

UNCOLLECTABLE W/O PROCEDURES

BEFORE MONTH END ANY ACCOUNTS THAT QUALIFY FOR WRITE OFF IS SUBMITTED TO THE PATIENT RECEIVABLE MANAGER FOR APPROVAL. THE ACCOUNT IS THEN, SUBMITTED TO THE VP OF IM FOR HER APPROVAL. IF THE ACCOUNT IS \$5000.00 OR HIGHER IT ALSO MUST BE SIGNED BY BH CFO BEFORE THE ACCOUNT MAY BE WRITTEN OFF AS UNCOLLECTABLE. THERE MUST BE DOCUMENTATION SUPPORTING THE REASON FOR THE WRITE OFF AND DOCUMENTED IN THE SYSTEM.

ONCE THE ACCOUNT HAS BEEN APPROVED FOR THE WRITE OFF THEN THE ACCOUNT WILL BE ADJUSTED TO ZERO. COPIES OF ALL WRITE OFFS ARE FILED AND SAVED FOR FUTURE AUDIT NEEDS.

REVIEWED: MARYLOU L'ETOILE 1/2011

DIRECTOR OF REVENUE CYCLE: MARIE SIMMONE

REVIEWED 12/2011

Mad



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P.O. Box 977
Bristol, CT 06011-0977
860-585-3000

<http://www.bristolhospital.org>

MONTH END UNCOLLECTABLE W/O MEDITECH

ALL UNCOLLECTABLE ACCOUNTS \$5000 OR OVER MUST BE REVIEWED BY THE CFO FOR APPROVAL, SIGNED AND DATED BEFORE THE ACCOUNT BALANCE IS WRITTEN OFF.

ANY UNCOLLECTABLE PROVIDER LIABLE ACCOUNTS UNDER \$5000 MUST BE APPROVED, SIGNED AND DATED BY THE DIRECTOR OF PATIENT ACCOUNTS.

ONCE THE ACCOUNTS HAVE BEEN APPROVED THEY ARE THEN PASSED TO THE ACCOUNTS RECEIVABLE STAFF TO ENTER ON MEDITECH THE ADJ/P/L.

BACK UP IS SAVED WITHIN THE BUSINESS OFFICE ON ALL DOCUMENTS.

ALL PROVIDER LIABLES ARE WRITTEN OFF AT MONTH END.

EFFECTIVE 6/1/2011

Mad

MEDICARE BAD DEBT

PROCEDURE- PART I SERIES & MEDITECH

It is the responsibility of the Patient Receivable Manager to complete the online Medicare Bad Debt Excel Exhausted Collection Returns for Medicare Self-Pay Patient balances returned by the collection agencies and Medicare Secondary State Co-Ins/Deductible unpaid balances. The required information for the Medicare Bad Debt spreadsheet is as follows:

INFORMATION:

1.	PT NAME	<u>MEDITECH/ B/AR/ PROC ACCT</u> <u>SERIES FUNCTION</u>
2.	PT MEDICARE ID #	ARI (Accounts Rec. Inquiry)
3.	PT ADMIT/DISC DATE	IBM (Ins. Benefits Maint.)
4.	PT STATE ID #	ARI
5.	DATE FIRST BILLED TO PT	IBM
6A.	WRITE OFF DATE FROM B/D	CNI (COLLECTION NOTE INQ) LETTER DATE ON RETURNED ACCTS FROM AGENCIES NEVER LESS THEN 120 DAYS
6B.	WRITE OFF DATE (state)	ARI (DATE OF STATE CROSS- OVER ADJ.)
7.	REMITTANCE ADVICE DATE	ARI (DATE OF THE MEDICARE PAYMENT)
8.	DED/CO-PAY	CNI (POSTED FROM MEDICARE REMITTANCES)

Medicare Bad Debt Logs are submitted yearly to the Reimbursement Dept. for Cost Reporting.

OTHER FACTS:

- Only accounts with verified back up are to be reported on the log.
- Excel spreadsheets must be in format required by CMS.
- All logs must have a total line on each page for total Ded/Co-Pay amounts.
- All In-Pt, Out-Pt, State Ded/Co-Pay balances and Collection Agency returns are on separate Excel spreadsheets.
- All logs are emailed and printed and a copies maintained by the Pt. Receivable Mng.
- No part B charges are reported.
- Any accounts that have had payments refunded, recouped or late charges after initial billing will not be reported.

Rev 9.1.11 Mad

- Once accounts have been reported on the Excel Spreadsheet, the Agency Code is changed to "19" Medicare/Exhausted Efforts" in ARPT (ACCTS REC INQUIRY in Series- At END OF MONTH, Update Write Off From Bad Debt is completed by Pt Rec Manger. This purges the account balance from our Series System.

REVISED - JAN 1995

REVIEWED JAN 2004

REVIEWED JAN 2006

REVIEWED JAN 2008

REVIEWED & REVISED FOR MEDITECH JAN 2011

BRISTOL HOSPITAL, INC. BREWSTER RD. BRISTOL CT 06010

**MEDICARE BAD DEBT MORTATORIUM AND CLARIFICATION
OF BAD DEBT POLICY**

DATE: 3/9/07

TO: MEDICARE PART A PROVIDER AUDIT

**THE COLLECTION POLICY IN EFFECT ON AUGUST 1, 1987, WAS
EXPLICITLY APPROVED BY THE FI AND THE POLICY HAS
NOT CHANGED FOR THE SUBSEQUENT CORRESPONDING
COST REPORT PERIODS.**

**ATTACHMENT:
BRISTOL HOSPITAL'S MEDICARE BAD DEBT POLICY
AND PROCEDURES.**

*Rw 2.8 Mad
Reviewed 12.10 Mad
Reviewed 10-1-11 Mad*

§ 413.178

(b) If the beneficiary has not incurred the full deductible applicable under Part B of Medicare before the dialysis treatment, the intermediary subtracts the amount applicable to the deductible from the facility's prospective rate and pays the facility 80 percent of the remainder, if any.

§ 413.178 Bad debts.

(a) CMS will reimburse each facility its allowable Medicare bad debts, as defined in § 413.80(b), up to the facility's costs, as determined under Medicare principles, in a single lump sum payment at the end of the facility's cost reporting period.

(b) A facility must attempt to collect deductible and coinsurance amounts owed by beneficiaries before requesting reimbursement from CMS for uncollectible amounts. Section 413.80 specifies the collection efforts facilities must make.

(c) A facility must request payment for uncollectible deductible and coinsurance amounts owed by beneficiaries by submitting an itemized list that specifically enumerates all uncollectible amounts related to covered services under the composite rate.

§ 413.180 Procedures for requesting exceptions to payment rates.

(a) *Outpatient maintenance dialysis payments.* All payments for outpatient maintenance dialysis furnished at or by facilities are made on the basis of prospective payment rates.

(b) *Criteria for requesting an exception.* If a facility projects on the basis of prior year costs and utilization trends that it will have an allowable cost per treatment higher than its prospective rate set under § 413.174, and if these excess costs are attributable to one or more of the factors in § 413.182, the facility may request, in accordance with paragraph (d) of this section, that CMS approve an exception to that rate and set a higher prospective payment rate. However, a facility may only request an exception or seek to retain its previously approved exception rate when authorized under the conditions specified in paragraphs (d) and (e) of this section.

(c) *Application of deductible and coinsurance.* The higher payment rate is

42 CFR Ch. IV (10-1-04 Edition)

subject to the application of deductible and coinsurance in accordance with § 413.176.

(d) *Payment rate exception request.* A facility must request an exception to its payment rate within 180 days of—

(1) The effective date of its new composite payment rate(s);

(2) The effective date that CMS opens the exceptions process; or

(3) The date on which an extraordinary cost-increasing event occurs, as specified (or provided for) in §§ 413.182(c) and 413.188.

(e) *Criteria for retaining a previously approved exception rate.* A facility may elect to retain its previously approved exception rate in lieu of any composite rate increase or any other exception amount if—

(1) The conditions under which the exception was granted have not changed;

(2) The facility files a request to retain the rate with its fiscal intermediary during the 30-day period before the opening of an exception cycle; and

(3) The request is approved by the fiscal intermediary.

(f) *Documentation for a payment rate exception request.* If the facility is requesting an exception to its payment rate, it must submit to CMS its most recently completed cost report as required under § 413.198 and whatever statistics, data, and budgetary projections as determined by CMS to be needed to adjudicate each type of exception. CMS may audit any cost report or other information submitted. The materials submitted to CMS must—

(1) Separately identify elements of cost contributing to costs per treatment in excess of the facility's payment rate;

(2) Show that the facility's costs, including those costs that are not directly attributable to the exception criteria, are allowable and reasonable under the reasonable cost principles set forth in this part;

(3) Show that the elements of excessive cost are specifically attributable to one or more conditions specified in § 413.182;

**Bristol Hospital
 Fee Schedule as of 2/3/09
 @ 1 Times Poverty Guidelines**

For family size over 8 add: **\$3,740**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

Family Size

1	\$0	\$10,829	\$0	\$208	100%
	\$10,830	\$12,032	\$209	\$231	90%
	\$12,033	\$13,236	\$232	\$255	80%
	\$13,237	\$14,439	\$256	\$278	70%
	\$14,440	\$15,642	\$279	\$301	60%
	\$15,643	\$16,846	\$302	\$324	50%
	\$16,847	\$18,049	\$325	\$347	40%
	\$18,050	\$19,252	\$348	\$370	30%
	\$19,253	\$20,456	\$371	\$393	20%
	\$20,457	\$21,660	\$394	\$417	10%
2	\$0	\$14,569	\$0	\$280	100%
	\$14,570	\$16,188	\$281	\$311	90%
	\$16,189	\$17,807	\$312	\$342	80%
	\$17,808	\$19,426	\$343	\$374	70%
	\$19,427	\$21,045	\$375	\$405	60%
	\$21,046	\$22,663	\$406	\$436	50%
	\$22,664	\$24,282	\$437	\$467	40%
	\$24,283	\$25,901	\$468	\$498	30%
	\$25,902	\$27,520	\$499	\$529	20%
	\$27,521	\$29,140	\$530	\$560	10%
3	\$0	\$18,309	\$0	\$352	100%
	\$18,310	\$20,343	\$353	\$391	90%
	\$20,344	\$22,378	\$392	\$430	80%
	\$22,379	\$24,412	\$431	\$469	70%
	\$24,413	\$26,447	\$470	\$509	60%
	\$26,448	\$28,481	\$510	\$548	50%
	\$28,482	\$30,516	\$549	\$587	40%
	\$30,517	\$32,550	\$588	\$626	30%
	\$32,551	\$34,585	\$627	\$665	20%
	\$34,586	\$36,620	\$666	\$704	10%

**Bristol Hospital
 Fee Schedule as of 2/3/09
 @ 1 Times Poverty Guidelines**

For family size over 8 add: \$3,740

	Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
	From	To	From	To	
4	\$0	\$22,049	\$0	\$424	100%
	\$22,050	\$24,499	\$425	\$471	90%
	\$24,499	\$26,949	\$472	\$518	80%
	\$26,949	\$29,399	\$519	\$565	70%
	\$29,399	\$31,849	\$566	\$612	60%
	\$31,849	\$34,299	\$613	\$660	50%
	\$34,299	\$36,749	\$661	\$707	40%
	\$36,749	\$39,199	\$708	\$754	30%
	\$39,199	\$41,649	\$755	\$801	20%
	\$41,649	\$44,100	\$802	\$848	10%
5	\$0	\$25,789	\$0	\$496	100%
	\$25,790	\$28,655	\$497	\$551	90%
	\$28,656	\$31,520	\$552	\$606	80%
	\$31,521	\$34,386	\$607	\$661	70%
	\$34,387	\$37,251	\$662	\$716	60%
	\$37,252	\$40,117	\$717	\$771	50%
	\$40,118	\$42,982	\$772	\$827	40%
	\$42,983	\$45,848	\$828	\$882	30%
	\$45,849	\$48,713	\$883	\$937	20%
	\$48,714	\$51,580	\$938	\$992	10%
6	\$0	\$29,529	\$0	\$568	100%
	\$29,530	\$32,810	\$569	\$631	90%
	\$32,811	\$36,091	\$632	\$694	80%
	\$36,092	\$39,372	\$695	\$757	70%
	\$39,373	\$42,653	\$758	\$820	60%
	\$42,654	\$45,935	\$821	\$883	50%
	\$45,936	\$49,216	\$884	\$946	40%
	\$49,217	\$52,497	\$947	\$1,010	30%
	\$52,498	\$55,778	\$1,011	\$1,073	20%
	\$55,779	\$59,060	\$1,074	\$1,136	10%

Bristol Hospital
Fee Schedule as of 2/3/09
@ 1 Times Poverty Guidelines

For family size over 8 add: **\$3,740**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

7	\$0	\$33,269	\$0	\$640	100%
	\$33,270	\$36,966	\$641	\$711	90%
	\$36,967	\$40,662	\$712	\$782	80%
	\$40,663	\$44,359	\$783	\$853	70%
	\$44,360	\$48,056	\$854	\$924	60%
	\$48,057	\$51,752	\$925	\$995	50%
	\$51,753	\$55,449	\$996	\$1,066	40%
	\$55,450	\$59,146	\$1,067	\$1,137	30%
	\$59,147	\$62,842	\$1,138	\$1,209	20%
	\$62,843	\$66,540	\$1,210	\$1,280	10%
8	\$0	\$37,009	\$0	\$712	100%
	\$37,010	\$41,121	\$713	\$791	90%
	\$41,122	\$45,233	\$792	\$870	80%
	\$45,234	\$49,346	\$871	\$949	70%
	\$49,347	\$53,458	\$950	\$1,028	60%
	\$53,459	\$57,570	\$1,029	\$1,107	50%
	\$57,571	\$61,682	\$1,108	\$1,186	40%
	\$61,683	\$65,795	\$1,187	\$1,265	30%
	\$65,796	\$69,907	\$1,266	\$1,344	20%
	\$69,908	\$74,020	\$1,345	\$1,423	10%

**Bristol Hospital
 Fee Schedule as of 01/20/11
 @ 2 Times Poverty Guidelines**

For family size over 8 add: **\$7,640**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

Family Size

1	\$0	\$10,889	\$0	\$209	100%
	\$10,890	\$12,099	\$210	\$233	90%
	\$12,100	\$13,309	\$234	\$256	80%
	\$13,310	\$14,519	\$257	\$279	70%
	\$14,520	\$15,729	\$280	\$302	60%
	\$15,730	\$16,939	\$304	\$326	50%
	\$16,940	\$18,149	\$327	\$349	40%
	\$18,150	\$19,359	\$350	\$372	30%
	\$19,360	\$20,569	\$373	\$396	20%
	\$20,570	\$21,780	\$397	\$419	10%
2	\$0	\$14,709	\$0	\$283	100%
	\$14,710	\$16,343	\$284	\$314	90%
	\$16,344	\$17,978	\$315	\$346	80%
	\$17,979	\$19,612	\$347	\$377	70%
	\$19,613	\$21,247	\$378	\$409	60%
	\$21,248	\$22,881	\$410	\$440	50%
	\$22,882	\$24,516	\$441	\$471	40%
	\$24,517	\$26,150	\$472	\$503	30%
	\$26,151	\$27,785	\$504	\$534	20%
	\$27,786	\$29,420	\$535	\$566	10%
3	\$0	\$18,529	\$0	\$356	100%
	\$18,530	\$20,588	\$357	\$396	90%
	\$20,589	\$22,647	\$397	\$436	80%
	\$22,648	\$24,706	\$437	\$475	70%
	\$24,707	\$26,765	\$476	\$515	60%
	\$26,766	\$28,823	\$516	\$554	50%
	\$28,824	\$30,882	\$555	\$594	40%
	\$30,883	\$32,941	\$595	\$633	30%
	\$32,942	\$35,000	\$635	\$673	20%
	\$35,001	\$37,060	\$674	\$713	10%

**Bristol Hospital
 Fee Schedule as of 01/20/11
 @ 2 Times Poverty Guidelines**

For family size over 8 add: **\$7,640**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

4	\$0	\$26,169	\$0	\$503	100%
	\$26,170	\$29,077	\$504	\$559	90%
	\$29,077	\$31,985	\$560	\$615	80%
	\$31,985	\$34,892	\$616	\$671	70%
	\$34,892	\$37,800	\$672	\$727	60%
	\$37,800	\$40,708	\$728	\$783	50%
	\$40,708	\$43,616	\$784	\$839	40%
	\$43,616	\$46,523	\$840	\$895	30%
	\$46,523	\$49,431	\$896	\$951	20%
\$49,431	\$52,340	\$952	\$1,007	10%	

5	\$0	\$26,169	\$0	\$503	100%
	\$26,170	\$29,077	\$504	\$559	90%
	\$29,078	\$31,985	\$560	\$615	80%
	\$31,986	\$34,892	\$616	\$671	70%
	\$34,893	\$37,800	\$672	\$727	60%
	\$37,801	\$40,708	\$728	\$783	50%
	\$40,709	\$43,616	\$784	\$839	40%
	\$43,617	\$46,523	\$840	\$895	30%
	\$46,524	\$49,431	\$896	\$951	20%
\$49,432	\$52,340	\$952	\$1,007	10%	

6	\$0	\$29,989	\$0	\$577	100%
	\$29,990	\$33,321	\$578	\$641	90%
	\$33,322	\$36,653	\$642	\$705	80%
	\$36,654	\$39,986	\$706	\$769	70%
	\$39,987	\$43,318	\$770	\$833	60%
	\$43,319	\$46,650	\$834	\$897	50%
	\$46,651	\$49,982	\$898	\$961	40%
	\$49,983	\$53,315	\$962	\$1,025	30%
	\$53,316	\$56,647	\$1,026	\$1,089	20%
\$56,648	\$59,980	\$1,090	\$1,153	10%	

Bristol Hospital
Fee Schedule as of 01/20/11
@ 2 Times Poverty Guidelines

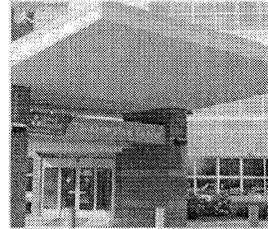
For family size over 8 add: **\$7,640**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

7	\$0	\$33,809	\$0	\$650	100%
	\$33,810	\$37,566	\$651	\$722	90%
	\$37,567	\$41,322	\$723	\$795	80%
	\$41,323	\$45,079	\$796	\$867	70%
	\$45,080	\$48,836	\$868	\$939	60%
	\$48,837	\$52,592	\$940	\$1,011	50%
	\$52,593	\$56,349	\$1,012	\$1,084	40%
	\$56,350	\$60,106	\$1,085	\$1,156	30%
	\$60,107	\$63,862	\$1,157	\$1,228	20%
	\$63,863	\$67,620	\$1,229	\$1,300	10%
8	\$0	\$37,629	\$0	\$724	100%
	\$37,630	\$41,810	\$725	\$804	90%
	\$41,811	\$45,991	\$805	\$884	80%
	\$45,992	\$50,172	\$885	\$965	70%
	\$50,173	\$54,353	\$966	\$1,045	60%
	\$54,354	\$58,535	\$1,046	\$1,126	50%
	\$58,536	\$62,716	\$1,127	\$1,206	40%
	\$62,717	\$66,897	\$1,207	\$1,286	30%
	\$66,898	\$71,078	\$1,287	\$1,367	20%
	\$71,079	\$75,260	\$1,368	\$1,447	10%

Statement of Financial Policy

Bristol Hospital expects payment in full for all services rendered within 3 months of service date, unless other arrangements are made. All claims with verified insurance coverage and assigned benefits will be billed by the Hospital to the insurance company as a service to its patients. The patient is always ultimately responsible for payment of services received.



Policy & Procedure

Title:	Financial Assistance	Effective Date:	10/01/2009
Dept:	Patient Financial Services	Review Dates:	10/01/2010
Policy No.	002	Revised Dates:	

Page: 1 of 3

Financial Assistance

Policy:

Bristol Hospital is committed to providing financial assistance to the community by reducing fees to qualifying patients.

Definition:

The following definition is applicable to all sections of this Policy:

Patient Assets: All interests of the Obligor in property other than income that is readily convertible into cash including, but not limited to, bank accounts; trust accounts; tax refunds; investment accounts; stocks and bonds; bankruptcy, probate and insurance claims; and accounts receivable, but excluding any retirement plan such as a 401(k) plan, Keogh plan, and profit sharing plan, established and maintained to provide for retirement benefits through yearly tax deductible contributions to the plan. Also included for consideration are owned homes and vehicles (the primary residence and one car will be excluded).

GUIDELINES AND ALLOCATION PLAN

Reduction will be based on family income and size (see Addendum). 100% financial assistance will be provided to patients whose income is 100% (1x) of the Federal Poverty Guidelines (FPG) or lower. Patients above 100% of the FPG and up to 250% of the FPG are eligible for a sliding scale discount. In calculating family income, considerations will be given to patient assets, income and current indebtedness.

Family members consist of patient, spouse, biological children, adopted children, or other verifiable dependents. The Federal Income Tax Return will confirm dependent status for self-employed individuals. If the dependent's guarantors are divorced, a birth certificate may be used for confirmation of dependent status.

All applicants are required to secure benefits from any third party coverage plan and/or apply and receive determination for State assistance available before requesting a reduction. No applications will be accepted until the Hospital receives proof of benefits or lack thereof.

All applicants are required to complete the application process according to the Hospital policy. Eight (8) weeks of pay stubs, a single stub with year-to-date total, or a notarized statement of unemployment are required. Patients receiving Social Security Income will need to submit the letter they receive from Medicare stating their benefits or a full month's worth of bank statements. Each applicant completing the application process will receive a written letter of eligibility determination.

All outstanding patient balances that are 90 days or younger that are active on the receivable at the time of determination will be considered for reduction. Accounts previously placed in bad debt or that may have other income adjustments will not be considered for reduction. All reductions will be applied to balances after any third party activity has occurred (i.e., insurance payment or denial).

All patients with services other than outpatient mental health and other recurring services will be required to reapply for each new service episode. Approved reductions will be re-evaluated every six months for outpatient mental health patients and other recurring services. It is the patient's responsibility to inform Bristol Hospital of any changes, including coverage issues. If the level of assistance is changed, it will only apply to balances from the re-application period onward.

ADMINISTRATIVE RESPONSIBILITY

It is the responsibility of the Manager of Patient Financial Services to comply with the Hospital policy guideline governing the distribution of financial assistance reductions.

The Manager of Patient Financial Services is responsible for all application determination and allowance procedures.

Allowances will be administered via monthly log and will be submitted timely to the Director of Patient Financial Services and Revenue Cycle.

Reductions over \$5,000 will require the approval of the Chief Financial Officer.

The Hospital will annually report the number of applicants for financial assistance, the number of approved applicants, and the total and average charges and costs of the amount of financial assistance provided to the Office of Health Care Access (OHCA).

The Director of Patient Financial Services and Revenue Cycle will review and approve any requested exceptions in the administration of changes in the reduction process in conjunction with the Chief Financial Officer.

The Hospital Controller, along with the Director of Reimbursement, is responsible for all calculations required by this policy including fee scales and financial assistance allocation, and the monitoring and quarterly written communication of compliance standards to OHCA. The hospital shall make available and prominently post in a place and manner allowing individual members of the public to easily obtain it, a one-page summary in English and Spanish describing hospital bed funds and how to apply for them. This summary is available and prominently posted in all patient registration areas (including the emergency room waiting room), the billing office and from any collection agents.

All Payor General Billing Policy

- All patients are charged for services received according to the approved charge master of the Hospital.
- All charges are entered by the servicing department according to the patient account number.
- All claims are produced by the in-house computer system on the designated uniform bill UB92.
- All claims are billed to the responsible party or third party payor based on current requirement and within three (3) days of in-house generation.
- All patients are billed for balances appropriate according to Bristol Hospital policy and contractual agreements.

BRISTOL HOSPITAL REDUCED FEE POLICY

STATEMENT OF POLICY

Bristol Hospital will administer reduced fees in the minimum amount of \$500,000 per year to inpatients, ambulatory surgery patients, outpatient recurring services, single occurrence outpatient services with charges totaling \$500.00 or greater and Counseling Center clients, in accordance with its policy for insured balances, or any uninsured balances. Effective October 1, 1996, there will be no \$500.00 minimum required for uninsured patients.

GUIDELINES AND ALLOCATION PLAN

Reduction will be determined on a first come first serve basis. 100% financial assistance will be provided to patients whose income is 100% of the Federal Poverty Guidelines (FPG) or lower. Patients above 100% of the FPG and up to 250% of the FPG are eligible for a sliding scale discount. Exceptions will be considered based on individual circumstances and will require the review and approval of the Director of Patient Business Services.

Income will be evaluated on eight (8) consecutive weeks of gross earnings, verified by paycheck stubs, signed letter of income verification from the employer, official unemployment history report, notarized statements or federal income tax return if self-employed. Income will be calculated by totaling up the 8 consecutive weeks of gross earnings divide that number by 8, then multiply that number by 52 weeks. Income will be re-evaluated after four (4) weeks of any significant financial change for recurring services, as stated on the determination letter.

The family unit is defined as any single or married person eighteen years of age or older and spouse or live-in boyfriend/girlfriend and dependents or the parent/step parent or guardian of a patient under the age of eighteen, who resides in the same dwelling.

All applicants are required to secure benefits from any third party coverage plan and/or apply and receive determination for State assistance available before requesting a reduction. No applications will be accepted until the Hospital receives proof of benefits applied to each account balance.

All applicants are required to complete the application process according to Hospital policy. Each applicant completing the application process will receive a written letter of eligibility determination.

All appropriate account balances within the designated scope of services and within the applicant's guarantor account, at the time of determination will be considered for reduction. Accounts that may have other income adjustments will not be considered for reduction. All reductions will be applied to balances after insurance and all third-party-payor and/or administrators of other agencies have made appropriate payments and/or determinations.

Services included in this allocation plan are those designated in this statement of policy. All patients with services other than outpatient mental health and other recurring services will be required to reapply at each encounter. Approved reductions will be re-evaluated every six months for outpatient mental health patient and other recurring services. Any changes, including coverage issues, are the patient's responsibility. Any changes in past reductions will be calculated on balances owed at the time of re-application.

Referrals can be made by any Hospital employee who deals with patient financial matters. Patients will be referred directly to the Financial Assistance Department.

ADMINISTRATION AND RESPONSIBILITY

It is the responsibility of the Financial Counselor to comply with the Hospital policy guidelines governing the distribution of Reduced Fee reductions.

The Financial Counselor is responsible for all application determinations and allowance procedures.

Allowances will be administered via monthly log and will be submitted timely to the Accounts Receivables Department Supervisor.

The Financial Counselor is responsible for all the record keeping including a written log of all allowances and pertinent information for audit purposes. Record keeping will include a copy of each application and determination letter and proof of adjustment application.

The Director of Patient Business Services will review and approve any requested exceptions in the administration of changes in the reduction process.

The accounting department is responsible for all calculations required by this policy including fee scales, reduced fee allocation amounts and the designated detail of procedure for such, the publication of information regarding these calculations to the public, and the monitoring and quarterly written communication of compliance standards to the appropriate persons and/or Agencies.

Revised 04/08/0

FREE BED FUND APPLICATION PROCESS

PLEASE READ THIS CAREFULLY

Attached please find the Free Bed Fund application.

If you feel you may be eligible according to these guidelines, please bring in the following information, along with your completed application, to the Bristol Hospital Financial Assistance Department. This income verification applies to all family members residing at your legal address.

- Last Income Tax Return Filed
- Statement of wages from Unemployment Compensation showing date unemployment started, if applicable.
- Payroll stubs for the last eight- (8) consecutive weeks. If there is no income for the last eight – (8) weeks, a notarized letter stating that no income has been received in the last eight weeks.

This information is required to process your application. If you have any questions or concerns regarding this process, please contact our Financial Assistance representative at (860) 585-3534, or come in and we will be happy to assist you with this process. The Financial Assistance Department is open Monday through Friday 8:00 a.m. to 4:30 p.m. Thank you for your prompt attention to this matter.

**BRISTOL HOSPITAL, INC.
FREE BED FUND
ELIGIBILITY DETERMINATION**

Date: _____

Applicant's Name: _____

Address: _____

Account Number(s): _____

Dear Client:

Your application for free bed funds has been processed. Your eligibility has been determined as follows:

Date Completed Application Received: _____

Date Application Processed: _____

_____ **Approved:** Reduction at _____% of charges.

Patient Amount Due: _____

_____ **Denied: Reason For Denial** _____

_____ Coordinator, Financial Assistance

Maria Simmone Director Revenue Cycle

Cindy Beliveau
Coordinator, Financial Assistance
860-585-3878

Chief Financial Officer

FREE BED FUNDS
COLLECTION POLICY AND PROCEDURE

PURPOSE: To process patient balances according to Section 19a-673 of the Ct. General Statues.

Patient accounts are considered **“uninsured”** as defined by the Ct. General Statues governing Free Care. The Guarantor will need to comply with the financial arrangements assigned by Bristol Hospital's Financial Assistance Department in order to be eligible for Free Bed Fund assistance.

The following sequence will apply:

1. A UB bill will be sent to the Guarantor at the time of billing and will include Bristol Hospital's Free Bed Information Form.
2. The Guarantor will continue to receive monthly statements (28 days apart) and follow regular collection policy and procedure until the Financial Department receives application from the guarantor. The Financial Assistance department will enter action code “LL” in the on line system to indicate the account is pending determination.
3. The Credit Department will bypass any further collection action on pending accounts and the account will remain in a “pending Free Bed” category until further notice.
4. If the account is approved for Free Bed Funds, the discounts and adjustments are entered on the log by the Financial Assistance Department and sent to the Pt. Receivable Manager for data input.

If the account is denied free Bed Funds due to failure to meet Bristol Hospital's guidelines, the account will be considered an “Insured Patient” and the Credit Department will follow the appropriate procedures for Insured Patients including sending the final notice of “insured” status on the unpaid balance.

REDUCED FEES APPLICATION PROCESS

PLEASE READ THIS CAREFULLY

Attached please find the Reduced Fees application.

If you feel you may be eligible, please bring in the following information, along with your completed application, to the Bristol Hospital Financial Assistance Department. This income verification applies to all family members residing at your legal address.

- If Self Employed Last Income Tax Return Filed.
- Statement of wages from Unemployment Compensation showing date unemployment started, if applicable.
- Payroll stubs for the last eight- (8) consecutive weeks.
- If there is no income for the last eight – (8) weeks, a notarized letter stating that no income has been received in the last eight weeks is required.
- State of Ct determination letter for Medicaid Services.
- Current bank statement for Savings and Checking Account(s).
- If you receive Social Security Benefits please provide the current letter from Social Security or a most recent bank statement showing the direct deposit of the funds.
- If you receive a monthly pension check please provide proof either by providing a copy of the check or if direct deposited please provide a copy of the bank statement showing the deposit amount.
- If you have any stocks/bonds or investment accounts please provide current documentation including value.

This information is required to process your application. If you have any questions or concerns regarding this process, please contact our Financial Assistance representative at (860) 585-3534, or come in and we will be happy to assist you with this process. The Financial Assistance Department is open Monday through Friday 8:00 a.m. to 4:30 p.m. Thank you for your prompt attention to this matter.

**BRISTOL HOSPITAL, INC.
REDUCED FEE
ELIGIBILITY DETERMINATION**

Date: _____

Applicant's Name: _____

Address: _____

Account Number(s): _____

Dear Client:

Your application for reduced fee has been processed. Your eligibility has been determined as follows:

Date Completed Application Received: _____

Date Application Processed: _____

_____ **Approved:** Reduction Rate _____ % of services not covered by insurance.

Your new balance is \$ _____

_____ **Denied: Reason For Denial** _____

_____ 860 585 3878
Coordinator, Financial Assistance

Maria Simone Director Revenue Cycle

Chief Financial Officer

**Bristol Hospital
 Fee Schedule as of 2/3/09
 @ 1 Times Poverty Guidelines**

For family size over 8 add: **\$3,740**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

Family Size

1	\$0	\$10,829	\$0	\$208	100%
	\$10,830	\$12,032	\$209	\$231	90%
	\$12,033	\$13,236	\$232	\$255	80%
	\$13,237	\$14,439	\$256	\$278	70%
	\$14,440	\$15,642	\$279	\$301	60%
	\$15,643	\$16,846	\$302	\$324	50%
	\$16,847	\$18,049	\$325	\$347	40%
	\$18,050	\$19,252	\$348	\$370	30%
	\$19,253	\$20,456	\$371	\$393	20%
	\$20,457	\$21,660	\$394	\$417	10%
2	\$0	\$14,569	\$0	\$280	100%
	\$14,570	\$16,188	\$281	\$311	90%
	\$16,189	\$17,807	\$312	\$342	80%
	\$17,808	\$19,426	\$343	\$374	70%
	\$19,427	\$21,045	\$375	\$405	60%
	\$21,046	\$22,663	\$406	\$436	50%
	\$22,664	\$24,282	\$437	\$467	40%
	\$24,283	\$25,901	\$468	\$498	30%
	\$25,902	\$27,520	\$499	\$529	20%
	\$27,521	\$29,140	\$530	\$560	10%
3	\$0	\$18,309	\$0	\$352	100%
	\$18,310	\$20,343	\$353	\$391	90%
	\$20,344	\$22,378	\$392	\$430	80%
	\$22,379	\$24,412	\$431	\$469	70%
	\$24,413	\$26,447	\$470	\$509	60%
	\$26,448	\$28,481	\$510	\$548	50%
	\$28,482	\$30,516	\$549	\$587	40%
	\$30,517	\$32,550	\$588	\$626	30%
	\$32,551	\$34,585	\$627	\$665	20%
	\$34,586	\$36,620	\$666	\$704	10%

**Bristol Hospital
 Fee Schedule as of 2/3/09
 @ 1 Times Poverty Guidelines**

For family size over 8 add: \$3,740

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

4	\$0	\$22,049	\$0	\$424	100%
	\$22,050	\$24,499	\$425	\$471	90%
	\$24,499	\$26,949	\$472	\$518	80%
	\$26,949	\$29,399	\$519	\$565	70%
	\$29,399	\$31,849	\$566	\$612	60%
	\$31,849	\$34,299	\$613	\$660	50%
	\$34,299	\$36,749	\$661	\$707	40%
	\$36,749	\$39,199	\$708	\$754	30%
	\$39,199	\$41,649	\$755	\$801	20%
	\$41,649	\$44,100	\$802	\$848	10%
5	\$0	\$25,789	\$0	\$496	100%
	\$25,790	\$28,655	\$497	\$551	90%
	\$28,656	\$31,520	\$552	\$606	80%
	\$31,521	\$34,386	\$607	\$661	70%
	\$34,387	\$37,251	\$662	\$716	60%
	\$37,252	\$40,117	\$717	\$771	50%
	\$40,118	\$42,982	\$772	\$827	40%
	\$42,983	\$45,848	\$828	\$882	30%
	\$45,849	\$48,713	\$883	\$937	20%
	\$48,714	\$51,580	\$938	\$992	10%
6	\$0	\$29,529	\$0	\$568	100%
	\$29,530	\$32,810	\$569	\$631	90%
	\$32,811	\$36,091	\$632	\$694	80%
	\$36,092	\$39,372	\$695	\$757	70%
	\$39,373	\$42,653	\$758	\$820	60%
	\$42,654	\$45,935	\$821	\$883	50%
	\$45,936	\$49,216	\$884	\$946	40%
	\$49,217	\$52,497	\$947	\$1,010	30%
	\$52,498	\$55,778	\$1,011	\$1,073	20%
	\$55,779	\$59,060	\$1,074	\$1,136	10%

Bristol Hospital
Fee Schedule as of 2/3/09
@ 1 Times Poverty Guidelines

For family size over 8 add: **\$3,740**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

7	\$0	\$33,269	\$0	\$640	100%
	\$33,270	\$36,966	\$641	\$711	90%
	\$36,967	\$40,662	\$712	\$782	80%
	\$40,663	\$44,359	\$783	\$853	70%
	\$44,360	\$48,056	\$854	\$924	60%
	\$48,057	\$51,752	\$925	\$995	50%
	\$51,753	\$55,449	\$996	\$1,066	40%
	\$55,450	\$59,146	\$1,067	\$1,137	30%
	\$59,147	\$62,842	\$1,138	\$1,209	20%
	\$62,843	\$66,540	\$1,210	\$1,280	10%
8	\$0	\$37,009	\$0	\$712	100%
	\$37,010	\$41,121	\$713	\$791	90%
	\$41,122	\$45,233	\$792	\$870	80%
	\$45,234	\$49,346	\$871	\$949	70%
	\$49,347	\$53,458	\$950	\$1,028	60%
	\$53,459	\$57,570	\$1,029	\$1,107	50%
	\$57,571	\$61,682	\$1,108	\$1,186	40%
	\$61,683	\$65,795	\$1,187	\$1,265	30%
	\$65,796	\$69,907	\$1,266	\$1,344	20%
	\$69,908	\$74,020	\$1,345	\$1,423	10%

**Bristol Hospital
 Fee Schedule as of 01/20/11
 @ 2 Times Poverty Guidelines**

For family size over 8 add: **\$7,640**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

Family Size

1	\$0	\$10,889	\$0	\$209	100%
	\$10,890	\$12,099	\$210	\$233	90%
	\$12,100	\$13,309	\$234	\$256	80%
	\$13,310	\$14,519	\$257	\$279	70%
	\$14,520	\$15,729	\$280	\$302	60%
	\$15,730	\$16,939	\$304	\$326	50%
	\$16,940	\$18,149	\$327	\$349	40%
	\$18,150	\$19,359	\$350	\$372	30%
	\$19,360	\$20,569	\$373	\$396	20%
	\$20,570	\$21,780	\$397	\$419	10%
2	\$0	\$14,709	\$0	\$283	100%
	\$14,710	\$16,343	\$284	\$314	90%
	\$16,344	\$17,978	\$315	\$346	80%
	\$17,979	\$19,612	\$347	\$377	70%
	\$19,613	\$21,247	\$378	\$409	60%
	\$21,248	\$22,881	\$410	\$440	50%
	\$22,882	\$24,516	\$441	\$471	40%
	\$24,517	\$26,150	\$472	\$503	30%
	\$26,151	\$27,785	\$504	\$534	20%
	\$27,786	\$29,420	\$535	\$566	10%
3	\$0	\$18,529	\$0	\$356	100%
	\$18,530	\$20,588	\$357	\$396	90%
	\$20,589	\$22,647	\$397	\$436	80%
	\$22,648	\$24,706	\$437	\$475	70%
	\$24,707	\$26,765	\$476	\$515	60%
	\$26,766	\$28,823	\$516	\$554	50%
	\$28,824	\$30,882	\$555	\$594	40%
	\$30,883	\$32,941	\$595	\$633	30%
	\$32,942	\$35,000	\$635	\$673	20%
	\$35,001	\$37,060	\$674	\$713	10%

**Bristol Hospital
 Fee Schedule as of 01/20/11
 @ 2 Times Poverty Guidelines**

For family size over 8 add: **\$7,640**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

4	\$0	\$26,169	\$0	\$503	100%
	\$26,170	\$29,077	\$504	\$559	90%
	\$29,077	\$31,985	\$560	\$615	80%
	\$31,985	\$34,892	\$616	\$671	70%
	\$34,892	\$37,800	\$672	\$727	60%
	\$37,800	\$40,708	\$728	\$783	50%
	\$40,708	\$43,616	\$784	\$839	40%
	\$43,616	\$46,523	\$840	\$895	30%
	\$46,523	\$49,431	\$896	\$951	20%
\$49,431	\$52,340	\$952	\$1,007	10%	

5	\$0	\$26,169	\$0	\$503	100%
	\$26,170	\$29,077	\$504	\$559	90%
	\$29,078	\$31,985	\$560	\$615	80%
	\$31,986	\$34,892	\$616	\$671	70%
	\$34,893	\$37,800	\$672	\$727	60%
	\$37,801	\$40,708	\$728	\$783	50%
	\$40,709	\$43,616	\$784	\$839	40%
	\$43,617	\$46,523	\$840	\$895	30%
	\$46,524	\$49,431	\$896	\$951	20%
\$49,432	\$52,340	\$952	\$1,007	10%	

6	\$0	\$29,989	\$0	\$577	100%
	\$29,990	\$33,321	\$578	\$641	90%
	\$33,322	\$36,653	\$642	\$705	80%
	\$36,654	\$39,986	\$706	\$769	70%
	\$39,987	\$43,318	\$770	\$833	60%
	\$43,319	\$46,650	\$834	\$897	50%
	\$46,651	\$49,982	\$898	\$961	40%
	\$49,983	\$53,315	\$962	\$1,025	30%
	\$53,316	\$56,647	\$1,026	\$1,089	20%
\$56,648	\$59,980	\$1,090	\$1,153	10%	

Bristol Hospital
Fee Schedule as of 01/20/11
@ 2 Times Poverty Guidelines

For family size over 8 add: **\$7,640**

Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
From	To	From	To	

7	\$0	\$33,809	\$0	\$650	100%
	\$33,810	\$37,566	\$651	\$722	90%
	\$37,567	\$41,322	\$723	\$795	80%
	\$41,323	\$45,079	\$796	\$867	70%
	\$45,080	\$48,836	\$868	\$939	60%
	\$48,837	\$52,592	\$940	\$1,011	50%
	\$52,593	\$56,349	\$1,012	\$1,084	40%
	\$56,350	\$60,106	\$1,085	\$1,156	30%
	\$60,107	\$63,862	\$1,157	\$1,228	20%
	\$63,863	\$67,620	\$1,229	\$1,300	10%
8	\$0	\$37,629	\$0	\$724	100%
	\$37,630	\$41,810	\$725	\$804	90%
	\$41,811	\$45,991	\$805	\$884	80%
	\$45,992	\$50,172	\$885	\$965	70%
	\$50,173	\$54,353	\$966	\$1,045	60%
	\$54,354	\$58,535	\$1,046	\$1,126	50%
	\$58,536	\$62,716	\$1,127	\$1,206	40%
	\$62,717	\$66,897	\$1,207	\$1,286	30%
	\$66,898	\$71,078	\$1,287	\$1,367	20%
	\$71,079	\$75,260	\$1,368	\$1,447	10%