

TSH FINANCIAL ASSISTANCE CALCULATION TABLE

Based on Federal Poverty Guidelines Effective 02/2012

A	B	C	D	E	F	G	
			FAP -Level 0 100%	FAP -Level 1 90%	FAP -Level 2 80%	FAP -Level 3 70%	FAP -Level 4 60%
	FEDERAL						
	Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X4)
Income Per Year	1	\$11,170	\$22,340	\$27,925	\$33,510	\$39,095	\$44,680
Income Per Year	2	\$15,130	\$30,260	\$37,825	\$45,390	\$52,955	\$60,520
Income Per Year	3	\$19,090	\$38,180	\$47,725	\$57,270	\$66,815	\$76,360
Income Per Year	4	\$23,050	\$46,100	\$57,625	\$69,150	\$80,675	\$92,200
Income Per Year	5	\$27,010	\$54,020	\$67,525	\$81,030	\$94,535	\$108,040
Income Per Year	6	\$30,970	\$61,940	\$77,425	\$92,910	\$108,395	\$123,880
Income Per Year	7	\$34,930	\$69,860	\$87,325	\$104,790	\$122,255	\$139,720
Income Per Year	8	\$38,890	\$77,780	\$97,225	\$116,670	\$136,115	\$155,560
	Each addtl.: Add	\$3,960					
			FAP -Level 0 100%	FAP -Level 1 90%	FAP -Level 2 80%	FAP -Level 3 70%	FAP -Level 4 60%
	FEDERAL						
	Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X4)
Income Per Month	1	\$931	\$1,862	\$2,327	\$2,793	\$3,258	\$3,723
Income Per Month	2	\$1,261	\$2,522	\$3,152	\$3,783	\$4,413	\$5,043
Income Per Month	3	\$1,591	\$3,182	\$3,977	\$4,773	\$5,568	\$6,363
Income Per Month	4	\$1,921	\$3,842	\$4,802	\$5,763	\$6,723	\$7,683
Income Per Month	5	\$2,251	\$4,502	\$5,627	\$6,753	\$7,878	\$9,003
Income Per Month	6	\$2,581	\$5,162	\$6,452	\$7,743	\$9,033	\$10,323
Income Per Month	7	\$2,911	\$5,822	\$7,277	\$8,733	\$10,188	\$11,643
Income Per Month	8	\$3,241	\$6,482	\$8,102	\$9,723	\$11,343	\$12,963
	Each addtl.: Add	\$330.00					
			FAP -Level 0 100%	FAP -Level 1 90%	FAP -Level 2 80%	FAP -Level 3 70%	FAP -Level 4 60%
	FEDERAL						
	Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X4)
Income Per Week	1	\$215	\$430	\$537	\$644	\$752	\$859
Income Per Week	2	\$291	\$582	\$727	\$873	\$1,018	\$1,164
Income Per Week	3	\$367	\$734	\$918	\$1,101	\$1,285	\$1,468
Income Per Week	4	\$443	\$887	\$1,108	\$1,330	\$1,551	\$1,773
Income Per Week	5	\$519	\$1,039	\$1,299	\$1,558	\$1,818	\$2,078
Income Per Week	6	\$596	\$1,191	\$1,489	\$1,787	\$2,085	\$2,382
Income Per Week	7	\$672	\$1,343	\$1,679	\$2,015	\$2,351	\$2,687
Income Per Week	8	\$748	\$1,496	\$1,870	\$2,244	\$2,618	\$2,992
	Each addtl.: Add	\$76.15					

This chart indicates the criteria for income used to determine if patients are eligible for financial assistance at Stamford Hospital. For each family size unit in Column A, income levels are listed that determine free service based either on yearly, monthly, or weekly incomes. Column B indicates the Federal poverty guidelines, while Columns C through G indicates based on the patients family income, the appropriate level for the Financial Assistance Program [See Below] These income levels are in direct relationship to the federal poverty guidelines which are determined by the US Govt on a yearly basis. The number in the (X_) indicates the multiplier applied to Column B to determine the Stamford Hospital Guidelines.

- Level 0 100% adjustment to patient's account balance*
 - * Self pay patients are asked to pay what they can afford prior to or at the time of service. Amounts collected prior to, or at the time of service are not refundable.
- Level 1 90% adjustment to patient's account balance. Patient is responsible for paying 10% of the remaining balance
- Level 2 80% adjustment to patient's account balance. patient is responsible for paying 20% of the remaining balance
- Level 3 70% adjustment of patient's account balance. patient is responsible for paying 30% of the remaining balance
- Level 4 60% adjustment of patient's account balance. patient is responsible for paying 40% of the remaining balance

Income
Financial Assistance (FAP) applications may be accepted and considered for inpatient and outpatient services. Applications for financial assistance will require verifiable proof of income and/or assets (i.e., W-2 forms, tax return, payroll check stubs, statements from employer, bank records, tax records, etc. All other avenues to obtain financial assistance and third party payment must be exhausted prior to receiving financial assistance.

Assets
The applicant's primary residence and primary vehicle will be exempt from inclusion of assets. Any additional real and personal property may be used in the evaluation in determining financial assistance. The amount of cash in savings and checking accounts will also be used in determining financial assistance. It is the responsibility of the applicant to provide, upon request, adequate documentation of checking/savings accounts. Acceptable documentation will consist of current bankbooks or statements.

The Stamford Hospital

Subject: Bad Debt Procedures

Policy # 0004	Implemented: 05/31/07
Reference(s):	Revisions: 10/25/2012
Approval: EM, CR	Reviewed
Department: Patient Business Services	Page: 1 of 4

Purpose

Out line the structure of our Bad Debt Procedures. Maintain global level of knowledge throughout our department.

Policy

1. Self- pay accounts are identified in the Meditech system by financial classes 11, and 12.
2. The Financial Counselors review inpatient accounts, pre-natal clinic accounts, specialty clinic accounts and selective outpatient accounts for the following.
 - a. Eligibility for any Federal or State Assistance Programs
 - b. Payment Agreements
 - c. Eligibility for the Stamford Hospital Financial Assistance Program.
 - d. Free Bed Funds
- 3: The itemized statement is sent to the patient approximately 6-12 days after discharge or the date of service, depending on the patient type and when the account is final billed by the Meditech system.
4. If the accounts are not pending Federal, State or Financial Assistance, set up on a payment plan, or approved for a reduction through our financial assistance program, the following Saturday after the billing statements generate, the accounts are referred to Fitness Financial Services extended business office (a billing service, not a collection agency) for telephone contact and the follow up statement cycle.
5. Fitness Financial Services tracks the 120 days aging requirement using an automated monitoring system timeline from the date the first patient statement is generated. The patient is contacted by Fitness telephone services as a scripted "courtesy call" 30 days after the first statement was generated.
6. The follow up statements generate every 30 days. Unless the statement is revised to "hold", or re-sequenced at the discretion of the collector, the account is referred back to the hospital for bad debt, bankruptcy, or free service in approximately 120 days from referral.

The patient receives the final notice notifying them that if they fail to respond their account will be sent to a collection agency after 15 days.

7. Fitness Financial Services returned accounts and accounts with bad mailing addresses are manually reviewed, assigned to an external agency, or collection attorney and prelisted for bad debt turnover at the end of the month.

Agency Referrals

Merchants Association Florida (MAF)

Collection Process

- **Day 1**
 - Accounts are received electronically or manually and loaded for pre-process scrubbing. Data is analyzed, corrected if needed, and approved.
- **Day 2**
 - Prior to any collection activity, a data acquisition and confirmation “waterfall” process begins with several vendors; and each account is scrubbed for information:
 - valid ss#
 - deceased (if found, probate scrub)
 - bankruptcy (if found prior to dos, cancel)
 - recovery score (based on the overall credit file and the consumers ability to pay)
 - newer address or phone numbers than provided by the creditor (this is added to the file but does not replace what the client turned over to us.)
- **Day 3**
 - All data is updated to the collection system and the necessary subsequent processes begin.
 - All accounts that will receive the standard collection activity, the first notice (Validation) is mailed to the debtor after being processed by the mail house’s postal change of address program. The current address is standardized to U.S. Postal Service requirements and checked for a change of address.
 - Accounts with telephone numbers are loaded to the dialer and collection calls begin.
- **Day 4 through 27**
 - Collection calls continue in accordance with our internal workflow logic referenced above.
 - Accounts without telephone numbers are sent to vendors to be scrubbed for valid contact information. If found, the numbers are returned to us and we update our database; collection calls begin the next day.
 - Accounts with a mail return are sent to vendors to be scrubbed for valid contact information. If found, the addresses are returned to us and we update our database; collection notices are mailed the next day.
 - Consumer disputes received are handled in accordance with our PPMS procedures

- **Day 28**
 - Second collection notice (Credit Default) is mailed to the debtor. The notice states that the account may be sent to all three credit bureaus: Trans Union, Experian, and Equifax within fifteen days
- **Day 29 through 62**
 - Unpaid accounts without an open dispute are furnished to the credit repositories on a weekly basis 60 days from the turnover date.
 - Collection calls continue in accordance with our internal workflow logic.
 - Accounts without telephone numbers are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Accounts with a mail return are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Consumer disputes received are handled in accordance with our PPMS procedures.
- **Day 63**
 - Third collection notice (Credit Bureau Notification) is mailed to the debtor. The notice states that the account may have been sent to all three credit bureaus.
- **Day 64 through 96**
 - Collection calls continue in accordance with our internal workflow logic.
 - Accounts without telephone numbers are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Accounts with a mail return are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Consumer disputes received are handled in accordance with our PPMS procedures.
- **Day 100**
 - The fourth notice (Legal Review) is mailed to the debtor. The notice states that the account may be reviewed for further action.
- **Day 101 through 180**
 - Collection calls continue in accordance with our internal workflow logic.
 - Accounts without telephone numbers are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Accounts with a mail return are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Consumer disputes received are handled in accordance with our PPMS procedures.
 - Accounts begin to become inactive based on the activity of each account.
- **Day 181 +**
 - Collection calls continue in accordance with our internal workflow logic.
 - Accounts without telephone numbers are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Accounts with a mail return are sent to vendors to be scrubbed for valid contact information every 30 days.
 - Consumer disputes received are handled in accordance with our PPMS procedures.

- "Rework" strategies on inactive accounts are implemented every 30 days with both calls and notices.

>All collection efforts should cease at any point in the process if the patient applies for free bed funds or financial assistance. If the patient does not comply or is denied assistance, collection procedures should resume.

Both Medicare and non-medicare accounts are to be returned to the hospital from the external collection agencies, identified as uncollectible and written off to bad debt uncollectible after a period of (1) year when the agencies have not been able to contact the patient or the patient is deemed judgment proof. The agencies should return the medicare and non-medicare account in separate files identified with a transaction code for reporting purposes.

**Collection Attorneys
Mark Sank & Associates
Bloomenthal and Trow**

Patient Accounts are reviewed manually, and approved by the Manager of Patient Access Business Services for direct referral to the above collection attorneys.

Accounts are directly referred to attorneys in cases where we have identified circumstances where legal proceedings will be eminent and the routine collection agency time frames or procedures would not be effective.

Upon receipt of TSH accounts, a letter is sent on Attorney's letterhead with an expected answer date within 30 days.

Accounts for deceased patient's claims are sent to the estate and researched for probate.

Letters, and telephone contact vary on a case by case basis.

The Stamford Hospital will, when appropriate, utilize property liens, wage executions, payment contracts and bank executions for accounts entered into judgment and granted by the courts.

>All collection efforts should cease at any point in the process if the patient applies for free bed funds or financial assistance. If the patient does not comply or is denied assistance, collection procedures should resume.

The Stamford Hospital

Subject: Stamford Hospital Financial Assistance Prenatal Program (FAPPNP)

Policy # 0015

Implemented: 10/01/08

Reference(s):

Revisions: 06/05/12

Approval: DM, CR

Reviewed 10/01/09

Department: Patient Business Services

Page: 1 of 2

Purpose

Stamford Hospital Financial Assistance Prenatal Program Policy.

Effective date 10/01/2008

Policy

I. Stamford Hospital is committed to provide financial assistance to patients seeking prenatal care utilizing a fixed fee payment program. Service provided beyond this program will be processed through the Hospital Financial Assistance Program.

II. Procedure

1. Women who present themselves for prenatal care and are determined to be eligible for financial assistance will be offered the prenatal program. This program does not provide coverage for the delivery or newborn care.
2. Eligibility for financial assistance is based upon financial need.
 - a. Stamford Hospital will use a sliding scale based on multiples of the Federal Poverty Guidelines to determine the percent of financial assistance granted.
 - b. Stamford Hospital will consider available assets. Available assets do not include the patient's primary residence or automobiles needed for regular transportation.
3. Patients are asked to provide supporting documentation to authorize representatives to assist them in determining eligibility for Financial Assistance Programs Prenatal (FAPPN).
4. Applications must be initially approved by one of the following authorized employees: Optimus Financial Counselors, Stamford Hospital Financial Assistance Counselors, Stamford Hospital Patient Assistance Coordinator and designated Management personnel within The Patient Business Services Department.

Subject: Stamford Hospital Financial Assistance Prenatal Program (FAPPNP) page 2 of 2

5. If approved, the fixed fee cost of the program will be applicable during the months of prenatal care proceeding delivery. Payment plans should be established at the initial visit and patients will be asked to make payments at each visit. If a patient fails to comply with their payment agreement or schedule, the patient may be billed for the full charges of care provided. If the patient is truly unable to pay, the patient must request an additional review for financial assistance on the remaining balances.

6. Retroactive adjustments to patient bills may be applicable based on their current ability to pay.

To apply for financial assistance, an application for this program should be completed and submitted to the Patient Business Services office together with supporting documents. Applications for financial assistance programs (FAP) are provided to patients by the Public Assistance Coordinator, Financial Counselors, Social Workers, Patient Access Receivable and Customer Service Representatives. Social Services, Case Management and other hospital departments refer patients to the Public Assistance Coordinator or the Financial Counselors for screenings. The application and supporting documents are generally required to determine eligibility for financial assistance, and will be considered at any time.

Stamford Hospital

Subject: Stamford Hospital Financial Assistance Program

Policy # 0016

Implemented: 10/01/08

Reference(s):

Revisions: 06/05/12

Approval: KK, BC, CR

Reviewed

Department: Patient Business Services

Page: 1 of 2

Purpose

Stamford Hospital Financial Assistance Program Policy

Effective Date: October 1, 2008

Stamford Hospital Financial Assistance Program Policy

I. POLICY:

Stamford Hospital's stated mission is to provide a broad range of high quality health and wellness services focused on the needs of our communities. Stamford Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, under insured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

II. PROCEDURE:

1. The following services are eligible for inclusion under this policy:
 - a. Emergency medical services provided in an emergency room setting;
 - b. Services for a condition which, if not properly treated, would lead to an adverse change in the health status of an individual;
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
 - d. Medically necessary services, evaluated on a case by case basis at Stamford Hospital's discretion

2. Eligibility for financial assistance is based upon financial need.
 - a. Stamford Hospital will use a sliding scale based on multiples of the federal poverty guidelines to determine the percent of financial assistance granted.
 - b. Stamford Hospital will consider available assets. Available assets do not include the patient's primary residence or automobiles needed for regular transportation.

3. There are instances when a patient may appear eligible for financial assistance but there is no application on file due to a lack of supporting documentation. Under these circumstances financial assistance may be granted. These situations include but are not limited to:
 - a. Homeless individuals with a Shelter address or unknown address where there is no means of contact after service rendered.
 - b. Deceased patients where it has been determined that there is no open estate or that the estate is insolvent;
 - c. Other situations on a case by case basis at Stamford Hospital's discretion

4. Retroactive adjustments to patient bills may be applicable based on their current ability to pay.

5. Applications must be initially approved by one of the authorized employees of Stamford Hospital. Authorized employees are the Patient Assistance Coordinator, Financial Assistance Counselors, and designated management personnel within the Patient Business Services Department.

To apply for financial assistance, an application for this program should be completed and submitted to the Patient Business Services office together with supporting documents. Applications for financial assistance programs (FAP) are provided to patients by the Public Assistance Coordinator, Financial Counselors, Social Workers, Patient Access Representative and Customer Service Representatives. Social Services, Case Management and other hospital departments refer patients to the Public Assistance Coordinator or the Financial Counselors for screenings. The application and supporting documents are generally required to determine eligibility for financial assistance, and will be considered at any time.

The Stamford Hospital

Subject: Hospital Bed Funds Policy and Procedures

Policy # 018	Implemented: 05/31/07
Reference(s):	Revisions: 09/15/10
Approval: CC, KK, CR	Reviewed
Department: Patient Business Services	Page: 1 of 4

Purpose

This policy and procedure rescinds all other policies and procedures and memoranda relating to this subject issued prior to November 2004. Stamford Hospital and pertinent outpatient treatment centers and clinics are referred to collectively in this policy as the Hospital.

To outline the Hospital's policy and procedures for providing access to hospital bed funds for eligible patients in a manner consistent with the intent of the donors of such funds and the Hospital's mission to provide medical care in a compassionate and caring manner.

DEFINITIONS

"Hospital Bed Funds" or "Funds" means any gift of money, stock, bonds, financial instruments or other property made by any donor for the purpose of establishing a fund to provide medical care, including, but not limited to, inpatient or outpatient care, to eligible patients of the Hospital, being patients who have financial need.

"Eligible Patients" means those patients designated as eligible recipients in the gift instrument or other documentation establishing the Fund or, to the extent such designation is not made or is no longer applicable for any reason, patients who demonstrate financial need as determined by the Hospital following examination of available income, assets and such other information as may be required.

"Collection Agent" means any person, either employed or under contract to the Hospital who is engaged in the business of collecting payment from consumers for medical services provided by the Hospital, and includes, but is not limited to, attorneys performing debt collection activities.

Policy

OBJECTIVE OF POLICY

To administer Hospital Bed Funds effectively and efficiently, and ensure the Hospital is in compliance with Conn. Gen. Stat. §19a-509b, as amended by Public Act 03-266.

STATEMENT OF POLICY

It is the policy of the Hospital to provide its patients with the opportunity to apply for Hospital Bed Funds that may be available from time to time and to grant such Funds to Eligible Patients in order to help reduce or eliminate the cost of their medical care. Distribution of Hospital Bed Funds shall be made in accordance with the instructions of the fund donors and, to the extent such instructions are not provided or not applicable for any reason, in accordance with the procedures set forth below.

PROCEDURES

1. The Hospital shall at all times cause to be posted the public notice ("Notice") attached hereto at Exhibit A regarding the availability of Hospital Bed Funds. The Notice shall be posted in English and Spanish in conspicuous places in each patient admitting location of the Hospital including, but not limited to, the admissions offices, emergency room, social services department and patient accounts/billing offices.
2. The Hospital shall also make available the one page summary ("Summary") attached hereto at Exhibit B describing Hospital Bed Funds and how to apply for them. The Summary shall be available in various locations throughout the Hospital, including, but not limited to, the admissions offices, emergency room, social services department and patient accounts/billing offices. The Summary shall also be available from any Collection Agent and provided directly to patients if during the admission process or during the review of the financial resources of the patient, patient registration personnel, financial counselors or other employees of the Hospital believe the patient will have limited funds to pay for any portion of the patient's hospitalization not covered by insurance. In addition, the Summary shall be included in all bills and collection notices sent by Collection Agents.
3. The Hospital will provide training to all relevant staff, including, but not limited to, its financial counselors, social workers, discharge planners and billing personnel concerning the existence of Hospital Bed Funds, eligibility requirements and the procedures for application. This training program shall be overseen by the Patient Access Business Services Department.
4. Patients applying for Hospital Bed Funds shall be furnished with the application form ("Application") attached hereto at Exhibit C. Financial counselors in the Patient Registration Department shall assist Hospital inpatients with the Application process while financial counselors assigned to the Hospital's ambulatory clinics and Customer Service Department shall perform the same function for outpatients and/or post-discharge patients seeking to apply. All patients, including, but not limited to, Medicare and Medicaid beneficiaries seeking relief from cost-sharing amounts, shall be permitted to apply for Hospital Bed Funds at any time during or after their hospital stay or outpatient visit.
5. The Hospital's Finance Department, working in collaboration with the Stamford Health Foundation ("SHF"), shall keep a listing of all Hospital Bed Funds that are available to Eligible Patients. This listing shall contain the names of all Funds, an internally assigned account number and set forth all relevant eligibility criteria and restrictions concerning use of the Funds. The listing shall be updated periodically to reflect available Funds and current Fund balances, and be distributed to the following personnel: Chief Financial Officer, Senior Vice President of SHF, Executive Director of Finance, Executive Director of Patient Access Business Services, Manager of Patient Access Business Services, Director of Clinical Compliance, Public Assistance Coordinator and all financial counselors involved in the Application process.

5. The Hospital's Finance Department, working in collaboration with the Stamford Health Foundation ("SHF"), shall keep a listing of all Hospital Bed Funds that are available to Eligible Patients. This listing shall contain the names of all Funds, an internally assigned account number and set forth all relevant eligibility criteria and restrictions concerning use of the Funds. The listing shall be updated periodically to reflect available Funds and current Fund balances, and be distributed to the following personnel: Chief Financial Officer, Senior Vice President of SHF, Executive Director of Finance, Executive Director of Patient Access Business Services, Manager of Patient Access Business Services, Director of Clinical Compliance, Public Assistance Coordinator and all financial counselors involved in the Application process.

6. The documentation and verification requirements for determining whether an applicant will be deemed an Eligible Patient for purposes of receiving any Hospital Bed Funds that may be available shall be based on the criteria established by the Fund donor or, to the extent such criteria is not provided or not applicable for any reason, by the applicant providing the information required under the Hospital's Financial Assistance Program ("FAP") to demonstrate financial need. Once the applicant is deemed an Eligible Patient, the Patient Access Business Services Department shall determine the amount to be granted from any available Hospital Bed Funds based on the parameters established by the Funds or, if none exist, the particular facts and circumstances of the case. Stamford Hospital may have potential applicants referred to them from the Optimus Clinics, Stamford Hospital Sub-specialty Clinics, Social Services Department Patient Assistance Co-ordinator, Financial Counselors and Customer Service Staff. A check request should be completed prior to final approval. The payment(s) to be applied from the appropriate bed fund(s) to qualifying accounts will be calculated using the latest available published acute care hospital ratios of costs to charges. The difference will be adjusted to an Administrative Free Bed Fund write off code.

7. In distributing Hospital Bed Funds, the Director of Revenue Cycle shall have authority to grant amounts up to \$5,000. Awards that exceed \$5,000 but are less than \$25,000 shall require the approval of the Executive Director of Reimbursement & Revenue Cycle while awards of \$25,000 and above shall require the approval of the Chief Financial Officer. The amounts awarded shall be applied against the Eligible Patient's outstanding bill and shall not be paid directly to any individual.

Grants provided to Stamford Hospital include the Patient Care Fund, M. Dolittle Income and William Pitt FMC Funds.

8. Unless specified otherwise in the gift instrument or other documentation establishing the Funds, the Hospital shall only grant Hospital Bed Funds to cover medically necessary inpatient or outpatient services provided to residents of Stamford, Darien and New Canaan, Connecticut. The Hospital's Patient Access Business Services Department shall apply the same standards as used under the FAP for purposes of determining medical necessity.

9. Applicants for Hospital Bed Funds shall be notified in writing of any award or rejection and the reason for such rejection within fifteen (15) days of submitting an Application and all income or other verification information that is required.

10. The Hospital shall not refer a patient's account to any Collection Agent or initiate an action against the patient or the patient's estate to collect fees arising from the care provided at the Hospital unless it has made a determination whether the individual is an uninsured patient, as defined in Con. Gen. Stat. §19a-673, and is not eligible for Hospital Bed Funds. If at any point in the debt collection process, the Hospital or any of its agents or employees becomes aware that the debtor is eligible for Hospital Bed Funds, free or reduced price hospital services, or any other program that would result in the reduction or elimination of the debt due the Hospital, collection efforts shall be promptly discontinued and the collection file shall be referred to the Patient Access Business Services Department for a determination of such eligibility. Collection efforts shall not resume until the eligibility determination is made.

11. The Patient Access Business Services Department in conjunction with the Executive Director of Finance shall maintain and annually compile, at the end of each fiscal year, the following information: (1) the number of applications for Hospital Bed Funds; (2) the number of patients receiving Hospital Bed Fund grants and the actual dollar amounts provided to each patient from such Funds; (3) the fair market value of the principal of each individual Hospital Bed Fund, or the principal attributable to each Fund if held in a pooled investment; (4) the total earnings for each Hospital Bed Fund or the earnings attributable to each Fund; (5) the dollar amount of earnings reinvested as principal in Hospital Bed Funds, if any; and (6) the dollar amount of earnings available from Hospital Bed Funds available for patient care. This information shall be permanently retained by the Patient Access Business Services Department and made available to the Office of Health Care Access upon request.

Reconciliation to Patient's Account:

Once the check request has been granted and the check is cut, Cash Applications will post the payment, using the Meditech Procedure Code PSPFB. The remaining balance is then to be adjusted off using procedure code AADMINFBF.

Public Notice

Hospital bed funds may be available to help pay for your care.

Stamford Hospital also offers other financial assistance programs based on ability to pay.

To apply, contact the Patient Assistance Coordinator at 203-276-7008.



Albany Columbia University College of Physicians & Surgeons
Member New York Presbyterian Healthcare System
A Plankette Hospital

30 Shelburne Road
P.O. Box 9317
Stamford, CT 06904-9317
203.276.1000
www.stamhealth.org

PATIENT NOTICE ON FINANCIAL ASSISTANCE

Stamford Hospital is proud of its not-for-profit mission to provide quality health care to the communities it serves. If you are coping with a personal financial hardship, and are facing significant debts owed to the Hospital, "bed funds" may be available to cover the cost (partially or fully) for inpatient, outpatient and emergency services rendered at the hospital for qualifying patients.

You may request to have your case presented to the Patient Access and Business Services Department to determine whether you are eligible for bed funds to the extent they are available. The Patient Access and Business Services Department has the authority to grant bed funds based on financial and personal need. [In most cases, eligibility for such funds will be based on the patient demonstrating an income level at or below two hundred and fifty (250%) of the federal poverty guidelines.]

You can obtain further information on available bed funds and an application by calling (203) 276-7008 or writing to the following address:

**Patient Access and Business Services Dept.
Stamford Hospital
P.O. Box 9317
Stamford, CT 09604-9317
Attention: Public Assistance Coordinator**

You will receive written notice of the outcome of your case, including reason(s) if your case is rejected. You may reapply for bed funds at any time and are encouraged to do so if your financial situation significantly worsens after the time that your initial application is rejected. Additional bed funds may also become available on an annual basis.

Other assistance options, such as a sliding scale discount available through The Stamford Hospital's Financial Assistance Program and a fixed fee pre-natal program, may also apply to your situation. The Stamford Hospital's financial counselor will inform you of these programs and other available options to assist you with your outstanding balance.

Additional support also may be available to you under various federal and state programs, including Medicare, Medicaid and state administered general assistance ("SAGA"). For more information about these programs, you can contact the hospital's Public Assistance Coordinator or your town's social service or local health department. With your written permission, your town representative can assist you with our application processes, as well as determine if you qualify for any other assistance programs such as the HUSKY program for uninsured children, the CONNPACE prescription drug program for seniors and Food Stamps.



STAMFORD HOSPITAL | Discover More
The Regional Center for Health

Affiliate Columbia University College of Physicians & Surgeons
Member NewYork-Presbyterian Healthcare System
A Planetree Hospital

MR# _____

FAP Pre-natal FAP

Financial Assistance Application
Complete all applicable items

Date of Request: ___/___/___

Patient information:

Last name: _____ First Name _____ Middle Initial _____

Date of Birth: ___/___/___ Social Security Number: _____-_____-_____

Address: _____ Apt # _____

City: _____ State: _____ Zip code: _____

Home Telephone# (____) _____ Work Telephone# (____) _____

Employer: _____

Employer's address: _____

Person Responsible for the bill: _____

Social Security Number: _____-_____-_____

Employer of person responsible for the bill: _____

Employer's telephone # (____) _____

Employer's address: _____

Dependents in household:

	Name	Age	Date of Birth	Relationship to Patient
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____



STAMFORD HOSPITAL
The Regional Center for Health

Discover More

Affiliate Columbia University College of Physicians & Surgeons
Member NewYork-Presbyterian Healthcare System
A Plandome Hospital

Please provide copies of available documents on the attached list of Documentation and Verification Forms. Patients are to provide this information within 15 days of receiving the application. All information provided, discussed or recorded in relation to this application is confidential. If you have questions or require further assistance contact a Financial Assistance Counselor at (203) 276-7515 or (203) 276-7052 at the Patient Business Department.

Additional information that the applicant wishes to be taken into consideration:

I hereby request financial assistance from Stamford Hospital, including access to hospital bed funds that may be available and for which I may be eligible. I understand that the information which I have submitted is subjected to verification by Stamford Hospital. I certify that the above information is true and correct. I understand that I may be asked to apply for public assistance, if eligible.

Applicant's Signature: _____

Date: _____

Please note that failure to complete this application and provide the information requested within the time allotted will delay processing of your request and may result in a determination that you are not eligible for financial assistance.

FOR HOSPITAL USE ONLY

Bed Fund Approved: _____ Account #: V _____ Denied: _____

Reason for Denial: _____

Financial Assistance Approved: _____ @ _____ % Denied: _____

Reason for Denial: _____ Date: _____

By: _____ Date: _____

Amount of Adjustments: \$ _____ Code: _____

Completed by: _____ Date: _____

Form Taken By: _____



MR# _____

FAP Pre-natal FAP

Solicitud de Asistencia Financiera
Complete todo lo que le aplique

Fecha: ___/___/___

Información del Paciente:

Apellido: _____ Primer Nombre: _____

Fecha de nacimiento: ___/___/___ Numero de Seguro Social: ___-___-___

Dirección: _____ # de Apt: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de la casa: () _____ Teléfono del empleo: () _____

Empleo: _____

Dirección del Empleo: _____

Persona responsable de la(s) factura(s): _____

Numero de Seguro Social: ___-___-___

Empleo de la persona responsable: _____

Teléfono del empleo: () _____

Dirección del empleo: _____

Personas a su cargo:

	Nombre	Edad	Fecha de Nacimiento	Relacion al Paciente
1)	_____			
2)	_____			
3)	_____			
4)	_____			
5)	_____			



Favor de proveer copias de los documentos disponible en la lista de documentos. Favor de traer los documentos antes de 15 días del día que se le fue dado el formulario. Toda la información sometida por escrito, verbal o gravada en relación con el formulario es confidencial. Si tiene preguntas o necesita mas información por favor llamar a un Consejero(a) Financiero(a) al numero (203) 276-7515 o (203) 276-7052 en el Departamento de Servicios al Paciente.

Información adicional que el aspirante quiera que sea tomado en consideración:

Por este medio pido ayuda Financiera al Hospital de Stamford, inclusive acceso a fondos de cama de Hospital que pueden estar disponibles. Yo comprendo que la información que he sometido esta sujeta a verificación por el Hospital de Stamford. Certifico que la información dada es la correcta y verdadera. Entiendo que me pueden pedir que aplique para asistencia publica, si fuera elegible.

Firma del Aspirante: _____

Fecha: ___/___/___

Sin la información dada o no dar prueba para procesar el formulario en el tiempo indicado podría resultar en negación de la ayuda financiera o no ser elegible para el programa.

USO DEL HOSPITAL DE STAMFORD

Fondos para cama del Hospital: _____ Cuenta: V _____ Negada _____

Razón para ser negada: _____

Asistencia Financiera Aprobada: _____ @ _____ %Negada _____

Razón por ser negada: _____ Fecha _____

Procesador: _____ Fecha _____

Suma ajustada: \$ _____ Código: _____

Prosesador: _____ Fecha: _____

Formulario recibido por: _____



LISTA DE DOCUMENTOS

Favor de proveer fotocopias de los documentos disponible del paciente/esposo(a) o pareja y niños(a) (si el paciente es menor de edad proporcionar la información de los padres) a su Consejero(a) de Asistencia Financiera o al Departamento de Servicios al Paciente.

Seguro:

- Medico SI o NO Liability SI o NO
Compensación de Trabajo SI o NO Auto SI o NO

Beneficios Federales y Estatales:

- Copia de la carta en la cual el departamento de Servicio Sociales indica que no es elegible.
- Prueba de asistencia del Gobierno como cupones de alimentos y/o dinero en efectivo.
- Seguro de salud del Departamento de Servicio Sociales
- Beneficios de Seguro Social

Identification:

- Identificación con foto / Pasaporte / Tarjeta de Residencia
- Prueba de domicilio (utilidades, teléfono, cable)
- Certificado de nacimiento de los niños

Ingresos:

- Copia de la ultima planilla de impuestos (taxes) y formularios W2 / 1099
- Copia de los talonarios mas recientes de cheque del ultimo mes
- Carta Notarizada de su empleo
- Historial de pagos de desempleo
- Si no trabaja una carta notarizada indicando como se mantiene
- Carta de Manutencion de hijos

Finanzas e Inversiones:

- Información de cuenta de banco (cuenta de cheques, cuenta de ahorros, 401K/403B)
 - SI o No por favor the poner sus iniciales si no tiene cuenta de banco _____
- Es dueño de otra propiedad que no sea su propiedad principal?
 - SI o No
 - Usted la usa para Ingreso? SI o No
 - Cuanto recibe mensual \$ _____

Informacion Residencial:

- Recibo de renta / Hipoteca
- Carta notarizada de su propietario
- Alberge / Refugio

Pre-natal:

- Contrato Pre-natal (Optimus/TSH)

TSH FINANCIAL ASSISTANCE CALCULATION TABLE
Based on Federal Poverty Guidelines Effective 02/2011

	A	B	C D E F G				
			FAP -Level 0 100%	FAP -Level 1 90%	FAP -Level 2 80%	FAP -Level 3 70%	FAP -Level 4 60%
		FEDERAL					
	Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X4)
Income Per Year	1	\$10,890	\$21,780	\$27,225	\$32,670	\$38,115	\$43,560
Income Per Year	2	\$14,710	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840
Income Per Year	3	\$18,531	\$37,062	\$46,328	\$55,593	\$64,859	\$74,124
Income Per Year	4	\$22,350	\$44,700	\$55,875	\$67,050	\$78,225	\$89,400
Income Per Year	5	\$26,170	\$52,340	\$65,425	\$78,510	\$91,595	\$104,680
Income Per Year	6	\$29,990	\$59,980	\$74,975	\$89,970	\$104,965	\$119,960
Income Per Year	7	\$33,810	\$67,620	\$84,525	\$101,430	\$118,335	\$135,240
Income Per Year	8	\$37,630	\$75,260	\$94,075	\$112,880	\$131,705	\$150,520
	Each addtl.: Add	\$3,820					
		FEDERAL					
	Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X4)
Income Per Month	1	\$908	\$1,815	\$2,269	\$2,723	\$3,178	\$3,630
Income Per Month	2	\$1,226	\$2,452	\$3,065	\$3,678	\$4,290	\$4,903
Income Per Month	3	\$1,544	\$3,089	\$3,861	\$4,633	\$5,405	\$6,177
Income Per Month	4	\$1,863	\$3,725	\$4,656	\$5,588	\$6,519	\$7,450
Income Per Month	5	\$2,181	\$4,362	\$5,452	\$6,543	\$7,633	\$8,723
Income Per Month	6	\$2,499	\$4,998	\$6,248	\$7,498	\$8,747	\$9,997
Income Per Month	7	\$2,818	\$5,635	\$7,044	\$8,453	\$9,861	\$11,270
Income Per Month	8	\$3,136	\$6,272	\$7,840	\$9,408	\$10,975	\$12,543
	Each addtl.: Add	\$318.33					
		FEDERAL					
	Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X4)
Income Per Week	1	\$209	\$419	\$524	\$628	\$733	\$838
Income Per Week	2	\$283	\$566	\$707	\$849	\$990	\$1,132
Income Per Week	3	\$356	\$713	\$881	\$1,069	\$1,247	\$1,425
Income Per Week	4	\$430	\$860	\$1,075	\$1,289	\$1,504	\$1,719
Income Per Week	5	\$503	\$1,007	\$1,258	\$1,510	\$1,761	\$2,013
Income Per Week	6	\$577	\$1,153	\$1,442	\$1,730	\$2,019	\$2,307
Income Per Week	7	\$650	\$1,300	\$1,625	\$1,951	\$2,278	\$2,601
Income Per Week	8	\$724	\$1,447	\$1,809	\$2,171	\$2,533	\$2,895
	Each addtl.: Add	\$73.48					

This chart indicates the criteria for income used to determine if patients are eligible for financial assistance at Stamford Hospital. For each family size unit in Column A, income levels are listed that determine free service based either on yearly, monthly, or weekly incomes. Column B indicates the Federal poverty guidelines, while Columns C through G indicates based on the patients family income, the appropriate level for the Financial Assistance Program [See Below] These income levels are in direct relationship to the federal poverty guidelines which are determined by the US Gov on a yearly basis. The number in the (X_) indicates the multiplier applied to Column B to determine the Stamford Hospital Guide

* Self pay patients are asked to pay what they can afford prior to or at the time of service. Amounts collected prior to, or at the time of service are not refundable.

- Level 0 100% adjustment to patient's account balance*
- Level 1 90% adjustment to patient's account balance. Patient is responsible for paying 10% of the remaining balance
- Level 2 80% adjustment to patient's account balance. patient is responsible for paying 20% of the remaining balance
- Level 3 70% adjustment of patient's account balance. patient is responsible for paying 30% of the remaining balance
- Level 4 60% adjustment of patient's account balance. patient is responsible for paying 40% of the remaining balance

Income

Financial Assistance (FAP) applications may be accepted and considered for inpatient and outpatient services. Applications for financial assistance will require verifiable proof of income and/or assets (i.e., W-2 forms, tax return, payroll check stubs, statements from employer, bank records, tax records, etc. All other avenues to obtain financial assistance and third party payment must be exhausted prior to receiving financial assistance

Assets

The applicant's primary residence and primary vehicle will be exempt from inclusion of assets. Any additional real and personal property may be used in the evaluation in determining financial assistance. The amount of cash in savings and checking accounts will also be used in determining financial assistance. It is the responsibility of the applicant to provide, upon request, adequate documentation of checking/savings accounts. Acceptable documentation will consist of current bankbooks or statements.

TSH FINANCIAL ASSISTANCE CALCULATION TABLE
Based on Federal Poverty Guidelines Effective 02/2012

A	B	C				D				E				F				G			
		100%				80%				80%				70%				60%			
FEDERAL Poverty Guidelines		FAP-Level 0				FAP-Level 1				FAP-Level 2				FAP-Level 3				FAP-Level 4			
Family Unit Size	Poverty Guidelines	(X2)	(X2.5)	(X3)	(X3.5)	(X3)	(X3.5)	(X4)	(X4.5)												
Income Per Year	\$11,170	\$22,340	\$27,925	\$33,510	\$39,095	\$22,340	\$27,925	\$33,510	\$39,095	\$22,340	\$27,925	\$33,510	\$39,095	\$22,340	\$27,925	\$33,510	\$39,095	\$22,340	\$27,925	\$33,510	\$39,095
Income Per Month	\$929	\$1,858	\$2,327	\$2,796	\$3,265	\$1,858	\$2,327	\$2,796	\$3,265	\$1,858	\$2,327	\$2,796	\$3,265	\$1,858	\$2,327	\$2,796	\$3,265	\$1,858	\$2,327	\$2,796	\$3,265
Income Per Week	\$212	\$424	\$532	\$639	\$747	\$424	\$532	\$639	\$747	\$424	\$532	\$639	\$747	\$424	\$532	\$639	\$747	\$424	\$532	\$639	\$747
Income Per Day	\$60	\$120	\$153	\$186	\$219	\$120	\$153	\$186	\$219	\$120	\$153	\$186	\$219	\$120	\$153	\$186	\$219	\$120	\$153	\$186	\$219
Income Per Hour	\$25	\$50	\$63	\$77	\$92	\$50	\$63	\$77	\$92	\$50	\$63	\$77	\$92	\$50	\$63	\$77	\$92	\$50	\$63	\$77	\$92
Income Per Minute	\$4	\$8	\$10	\$13	\$15	\$8	\$10	\$13	\$15	\$8	\$10	\$13	\$15	\$8	\$10	\$13	\$15	\$8	\$10	\$13	\$15
Income Per Second	\$0.67	\$1.33	\$1.67	\$2.00	\$2.50	\$1.33	\$1.67	\$2.00	\$2.50	\$1.33	\$1.67	\$2.00	\$2.50	\$1.33	\$1.67	\$2.00	\$2.50	\$1.33	\$1.67	\$2.00	\$2.50
Each addtl.: Add	\$3,980	\$7,960	\$9,950	\$11,940	\$13,930	\$7,960	\$9,950	\$11,940	\$13,930	\$7,960	\$9,950	\$11,940	\$13,930	\$7,960	\$9,950	\$11,940	\$13,930	\$7,960	\$9,950	\$11,940	\$13,930
Income Per Month	\$931	\$1,164	\$1,397	\$1,630	\$1,863	\$1,164	\$1,397	\$1,630	\$1,863	\$1,164	\$1,397	\$1,630	\$1,863	\$1,164	\$1,397	\$1,630	\$1,863	\$1,164	\$1,397	\$1,630	\$1,863
Income Per Week	\$233	\$291	\$349	\$407	\$465	\$291	\$349	\$407	\$465	\$291	\$349	\$407	\$465	\$291	\$349	\$407	\$465	\$291	\$349	\$407	\$465
Income Per Day	\$78	\$97	\$115	\$134	\$152	\$97	\$115	\$134	\$152	\$78	\$97	\$115	\$134	\$78	\$97	\$115	\$134	\$78	\$97	\$115	\$134
Income Per Hour	\$33	\$41	\$48	\$56	\$64	\$41	\$48	\$56	\$64	\$33	\$41	\$48	\$56	\$33	\$41	\$48	\$56	\$33	\$41	\$48	\$56
Income Per Minute	\$5.5	\$6.8	\$8.0	\$9.3	\$10.7	\$6.8	\$8.0	\$9.3	\$10.7	\$5.5	\$6.8	\$8.0	\$9.3	\$5.5	\$6.8	\$8.0	\$9.3	\$5.5	\$6.8	\$8.0	\$9.3
Income Per Second	\$0.92	\$1.13	\$1.33	\$1.54	\$1.78	\$1.13	\$1.33	\$1.54	\$1.78	\$0.92	\$1.13	\$1.33	\$1.54	\$0.92	\$1.13	\$1.33	\$1.54	\$0.92	\$1.13	\$1.33	\$1.54
Each addtl.: Add	\$330.00	\$660.00	\$825.00	\$990.00	\$1,155.00	\$660.00	\$825.00	\$990.00	\$1,155.00	\$660.00	\$825.00	\$990.00	\$1,155.00	\$660.00	\$825.00	\$990.00	\$1,155.00	\$660.00	\$825.00	\$990.00	\$1,155.00

This chart indicates the criteria for income used to determine if patients are eligible for financial assistance at Stamford Hospital. For each family size unit in Column A, income levels are listed that determine free services based either on yearly, monthly, or weekly incomes. Column B indicates the Federal poverty guidelines, while Columns C through G indicates based on the patients family income, the appropriate level for the Financial Assistance Program [See Below]. These income levels are in direct relationship to the federal poverty guidelines which are determined by the US Govt on a yearly basis. The number in the (X_) indicates the multiplier applied to Column B to determine the Stamford Hospital Guidelines.

- Level 0 100% adjustment to patient's account balance*
 - * Self pay patients are asked to pay what they can afford prior to or at the time of service. Amounts collected prior to, or at the time of service are not refundable.
- Level 1 80% adjustment to patient's account balance. Patient is responsible for paying 10% of the remaining balance
- Level 2 80% adjustment to patient's account balance. Patient is responsible for paying 20% of the remaining balance
- Level 3 70% adjustment to patient's account balance. Patient is responsible for paying 30% of the remaining balance
- Level 4 60% adjustment to patient's account balance. Patient is responsible for paying 40% of the remaining balance
- Income Financial Assistance (FAP) applications may be accepted and considered for inpatient and outpatient services. Applications for financial assistance will require verifiable proof of income and/or assets (L.A., W-2 forms, tax return, payroll check stubs, statements from employer, bank records, tax records, etc. All other avenues to obtain financial assistance and third party payment must be exhausted prior to receiving financial assistance.
- Assets The applicant's primary residence and primary vehicle will be exempt from inclusion of assets. Any additional real and personal property may be used in the evaluation in determining financial assistance. The amount of cash in savings and checking accounts will also be used in determining financial assistance. It is the responsibility of the applicant to provide, upon request, adequate documentation of checking/savings accounts. Acceptable documentation will consist of current bankbooks or statements.

The Stamford Hospital

Subject: Hospital Bed Funds Policy and Procedures

Policy #	018	Implemented:	05/31/07
Reference(s):		Revisions:	09/15/10
Approval:	CC, KK, CR	Reviewed	
Department:	Patient Business Services	Page:	1 of 4

Purpose

This policy and procedure rescinds all other policies and procedures and memoranda relating to this subject issued prior to November 2004. Stamford Hospital and pertinent outpatient treatment centers and clinics are referred to collectively in this policy as the Hospital.

To outline the Hospital's policy and procedures for providing access to hospital bed funds for eligible patients in a manner consistent with the intent of the donors of such funds and the Hospital's mission to provide medical care in a compassionate and caring manner.

DEFINITIONS

"Hospital Bed Funds" or "Funds" means any gift of money, stock, bonds, financial instruments or other property made by any donor for the purpose of establishing a fund to provide medical care, including, but not limited to, inpatient or outpatient care, to eligible patients of the Hospital, being patients who have financial need.

"Eligible Patients" means those patients designated as eligible recipients in the gift instrument or other documentation establishing the Fund or, to the extent such designation is not made or is no longer applicable for any reason, patients who demonstrate financial need as determined by the Hospital following examination of available income, assets and such other information as may be required.

"Collection Agent" means any person, either employed or under contract to the Hospital who is engaged in the business of collecting payment from consumers for medical services provided by the Hospital, and includes, but is not limited to, attorneys performing debt collection activities.

Policy

OBJECTIVE OF POLICY

To administer Hospital Bed Funds effectively and efficiently, and ensure the Hospital is in compliance with Conn. Gen. Stat. §19a-509b, as amended by Public Act 03-266.

STATEMENT OF POLICY

It is the policy of the Hospital to provide its patients with the opportunity to apply for Hospital Bed Funds that may be available from time to time and to grant such Funds to Eligible Patients in order to help reduce or eliminate the cost of their medical care. Distribution of Hospital Bed Funds shall be made in accordance with the instructions of the fund donors and, to the extent such instructions are not provided or not applicable for any reason, in accordance with the procedures set forth below.

PROCEDURES

1. The Hospital shall at all times cause to be posted the public notice ("Notice") attached hereto at Exhibit A regarding the availability of Hospital Bed Funds. The Notice shall be posted in English and Spanish in conspicuous places in each patient admitting location of the Hospital including, but not limited to, the admissions offices, emergency room, social services department and patient accounts/billing offices.
2. The Hospital shall also make available the one page summary ("Summary") attached hereto at Exhibit B describing Hospital Bed Funds and how to apply for them. The Summary shall be available in various locations throughout the Hospital, including, but not limited to, the admissions offices, emergency room, social services department and patient accounts/billing offices. The Summary shall also be available from any Collection Agent and provided directly to patients if during the admission process or during the review of the financial resources of the patient, patient registration personnel, financial counselors or other employees of the Hospital believe the patient will have limited funds to pay for any portion of the patient's hospitalization not covered by insurance. In addition, the Summary shall be included in all bills and collection notices sent by Collection Agents.
3. The Hospital will provide training to all relevant staff, including, but not limited to, its financial counselors, social workers, discharge planners and billing personnel concerning the existence of Hospital Bed Funds, eligibility requirements and the procedures for application. This training program shall be overseen by the Patient Access Business Services Department.
4. Patients applying for Hospital Bed Funds shall be furnished with the application form ("Application") attached hereto at Exhibit C. Financial counselors in the Patient Registration Department shall assist Hospital inpatients with the Application process while financial counselors assigned to the Hospital's ambulatory clinics and Customer Service Department shall perform the same function for outpatients and/or post-discharge patients seeking to apply. All patients, including, but not limited to, Medicare and Medicaid beneficiaries seeking relief from cost-sharing amounts, shall be permitted to apply for Hospital Bed Funds at any time during or after their hospital stay or outpatient visit.
5. The Hospital's Finance Department, working in collaboration with the Stamford Health Foundation ("SHF"), shall keep a listing of all Hospital Bed Funds that are available to Eligible Patients. This listing shall contain the names of all Funds, an internally assigned account number and set forth all relevant eligibility criteria and restrictions concerning use of the Funds. The listing shall be updated periodically to reflect available Funds and current Fund balances, and be distributed to the following personnel: Chief Financial Officer, Senior Vice President of SHF, Executive Director of Finance, Executive Director of Patient Access Business Services, Manager of Patient Access Business Services, Director of Clinical Compliance, Public Assistance Coordinator and all financial counselors involved in the Application process.

5. The Hospital's Finance Department, working in collaboration with the Stamford Health Foundation ("SHF"), shall keep a listing of all Hospital Bed Funds that are available to Eligible Patients. This listing shall contain the names of all Funds, an internally assigned account number and set forth all relevant eligibility criteria and restrictions concerning use of the Funds. The listing shall be updated periodically to reflect available Funds and current Fund balances, and be distributed to the following personnel: Chief Financial Officer, Senior Vice President of SHF, Executive Director of Finance, Executive Director of Patient Access Business Services, Manager of Patient Access Business Services, Director of Clinical Compliance, Public Assistance Coordinator and all financial counselors involved in the Application process.

6. The documentation and verification requirements for determining whether an applicant will be deemed an Eligible Patient for purposes of receiving any Hospital Bed Funds that may be available shall be based on the criteria established by the Fund donor or, to the extent such criteria is not provided or not applicable for any reason, by the applicant providing the information required under the Hospital's Financial Assistance Program ("FAP") to demonstrate financial need. Once the applicant is deemed an Eligible Patient, the Patient Access Business Services Department shall determine the amount to be granted from any available Hospital Bed Funds based on the parameters established by the Funds or, if none exist, the particular facts and circumstances of the case. Stamford Hospital may have potential applicants referred to them from the Optimus Clinics, Stamford Hospital Sub-specialty Clinics, Social Services Department Patient Assistance Co-ordinator, Financial Counselors and Customer Service Staff. A check request should be completed prior to final approval. The payment(s) to be applied from the appropriate bed fund(s) to qualifying accounts will be calculated using the latest available published acute care hospital ratios of costs to charges. The difference will be adjusted to an Administrative Free Bed Fund write off code.

7. In distributing Hospital Bed Funds, the Director of Revenue Cycle shall have authority to grant amounts up to \$5,000. Awards that exceed \$5,000 but are less than \$25,000 shall require the approval of the Executive Director of Reimbursement & Revenue Cycle while awards of \$25,000 and above shall require the approval of the Chief Financial Officer. The amounts awarded shall be applied against the Eligible Patient's outstanding bill and shall not be paid directly to any individual.

Grants provided to Stamford Hospital include the Patient Care Fund, M. Dolittle Income and William Pitt FMC Funds.

8. Unless specified otherwise in the gift instrument or other documentation establishing the Funds, the Hospital shall only grant Hospital Bed Funds to cover medically necessary inpatient or outpatient services provided to residents of Stamford, Darien and New Canaan, Connecticut. The Hospital's Patient Access Business Services Department shall apply the same standards as used under the FAP for purposes of determining medical necessity.

9. Applicants for Hospital Bed Funds shall be notified in writing of any award or rejection and the reason for such rejection within fifteen (15) days of submitting an Application and all income or other verification information that is required.

10. The Hospital shall not refer a patient's account to any Collection Agent or initiate an action against the patient or the patient's estate to collect fees arising from the care provided at the Hospital unless it has made a determination whether the individual is an uninsured patient, as defined in Con. Gen. Stat. §19a-673, and is not eligible for Hospital Bed Funds. If at any point in the debt collection process, the Hospital or any of its agents or employees becomes aware that the debtor is eligible for Hospital Bed Funds, free or reduced price hospital services, or any other program that would result in the reduction or elimination of the debt due the Hospital, collection efforts shall be promptly discontinued and the collection file shall be referred to the Patient Access Business Services Department for a determination of such eligibility. Collection efforts shall not resume until the eligibility determination is made.

11. The Patient Access Business Services Department in conjunction with the Executive Director of Finance shall maintain and annually compile, at the end of each fiscal year, the following information: (1) the number of applications for Hospital Bed Funds; (2) the number of patients receiving Hospital Bed Fund grants and the actual dollar amounts provided to each patient from such Funds; (3) the fair market value of the principal of each individual Hospital Bed Fund, or the principal attributable to each Fund if held in a pooled investment; (4) the total earnings for each Hospital Bed Fund or the earnings attributable to each Fund; (5) the dollar amount of earnings reinvested as principal in Hospital Bed Funds, if any; and (6) the dollar amount of earnings available from Hospital Bed Funds available for patient care. This information shall be permanently retained by the Patient Access Business Services Department and made available to the Office of Health Care Access upon request.

Reconciliation to Patient's Account:

Once the check request has been granted and the check is cut, Cash Applications will post the payment, using the Meditech Procedure Code PSPFB. The remaining balance is then to be adjusted off using procedure code AADMINFBF.