PRESUMPTIVE ELIGIBILITY: A patient may appear eligible for charity care discounts, but there is no financial assistance form or due to the lack of supporting documentation. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient’s eligibility for charity care, Memorial Hospital could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstance. In these situations, a patient is deemed to be eligible for 100% write off. A patient in this situation is presumed to be eligible and therefore does not need to complete a financial assistance application if they meet one of the following criteria:

- Patient is deceased with no known estate.
- Patient states that he/she is homeless. The due diligence efforts must be documented.
- Patient is mentally incapacitated with no one to act on their behalf.
- Patient is currently eligible for Medicaid, but was not eligible on a prior date of service or for non-covered services. Instead of making the patient duplicate the required paperwork Memorial Hospital will rely on the financial assistance determination process from Medicaid.
- Patient is eligible for energy assistance and food stamps.
- Accounts deemed uncollectible by a contracted collection agency.
- In the event of “special” circumstances where the income exceeds the poverty guidelines but medical bills are high, the Director of Revenue Cycle and/or Chief Financial Officer may determine partial or full eligibility provided proper documentation is available.

All applicable uninsured discounts will be applied ascending to the uninsured patient and Prompt Pay Discount Policy.

Applicants approved for reduced charges must pay their portion within the guidelines of the Financial and Collection Policy. Other collection efforts may be pursued if balance is not paid within the guidelines established in the Financial and Collection Policy. This Policy is available upon request from Patient Accounts.

In implementing this policy, Memorial Hospital’s management shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Covered Providers include: Memorial Hospital, Memorial Medical Clinics, and NES Health.

Non-Covered Providers include:
Clinical Radiologists, Heart Care Midwest, Blessing Physician Services, Burlington Neurology, Quincy Medical Group, Illinois Bariatric Center, Richard Sowell, D.P.M., Illinois Cancer Care, Poplar Health, McDonough Eye Association, Central IL. Allergy and Respiratory, Carle Health-Methodist Hospital, Clinical Pathology, Quincy Medical Group Radiology, VRad, GastroHealth of Illinois, Midwest Orthopedic Specialists, Springfield Clinic, and Peoria Echo.

Credit balances will be reviewed and reconciled according to the Financial and Collection Policy. All patients are billed according to Average Generally Billed for emergent or medically necessary care using the Look Back Method.

All applicable uninsured discounts will be applied ascending to the uninsured patient and Prompt Pay Discount Policy.
Memorial Hospital Financial Assistance

What is Memorial Hospital Financial Assistance?
Memorial Hospital and Memorial Medical Clinics want to ensure all persons access to medically necessary services. Memorial Hospital Financial Assistance allows approved persons medically necessary services if they are eligible at Memorial Hospital facilities at reduced or no charge. It is not an insurance program and does not replace benefits and payments that are, or could be received from government programs that pay for care. These programs included Medicare or Medicaid. Memorial Hospital is committed to providing financial assistance to persons who have health care 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.

Who is eligible? Participants must meet the program’s income requirements or presumptive eligibility. These requirements are based on federal poverty guidelines. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, creed, national origin, color, disability, social or immigrant status, sexual orientation or religious affiliation.

Application Requirements: Application may be made prior to services rendered or after services have been rendered. Approval will be given only on balances without any outstanding third party payments.

Applications for assistance can be picked up at all Memorial Hospital and Memorial Medical Clinics, non-profit organizations, will give a reasonable amount of its services without charge or at reduced charges to eligible persons who cannot afford to pay for their care, excluding the following services: elective fertility and/or infertility services, cosmetic services, screening and/or wellness services except screening and/or wellness services that fall within the recommendations of the American Cancer Society Guidelines.

Eligibility for determination is based on the criteria provided below.

Income Guidelines

<table>
<thead>
<tr>
<th>Size of Family</th>
<th>Federal Poverty Guidelines</th>
<th>*No Patient Share</th>
<th>Tier One *Patient Share is 25%</th>
<th>Tier Two *Patient Share is 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,060</td>
<td>$22,590</td>
<td>$22,591</td>
<td>$30,121</td>
</tr>
<tr>
<td>2</td>
<td>$20,440</td>
<td>$30,660</td>
<td>$30,661</td>
<td>$40,881</td>
</tr>
<tr>
<td>3</td>
<td>$25,820</td>
<td>$38,730</td>
<td>$38,731</td>
<td>$51,640</td>
</tr>
<tr>
<td>4</td>
<td>$31,200</td>
<td>$46,800</td>
<td>$46,801</td>
<td>$62,400</td>
</tr>
<tr>
<td>5</td>
<td>$36,580</td>
<td>$54,870</td>
<td>$54,871</td>
<td>$73,160</td>
</tr>
<tr>
<td>6</td>
<td>$41,960</td>
<td>$62,940</td>
<td>$62,941</td>
<td>$83,920</td>
</tr>
<tr>
<td>7</td>
<td>$47,340</td>
<td>$71,010</td>
<td>$71,011</td>
<td>$94,680</td>
</tr>
<tr>
<td>8</td>
<td>$52,720</td>
<td>$79,080</td>
<td>$79,081</td>
<td>$105,440</td>
</tr>
</tbody>
</table>

For family units with more than 8 members, add $5,380 for each additional member.
* Percentages are calculated on balances after all possible payers have remitted.

If you feel you might be eligible for Memorial Hospital Financial Assistance and would like to apply, please provide the following:

Income Verification
Applicant is responsible for providing income verification for last 12 months or for the current three (3) months prior to application to be annualized, as well as last year’s filed tax return, in order to determine eligibility – Three (3) months of income will be multiplied by four (4) to annualize the twelve (12) months of income.

Income verification may include, but is not limited to, income taxes, paycheck stubs, or notes from employers for gross taxable wages and salaries, gross income less employment expenses (excluding depreciation) and any loss carried forward for self-employed; or any other form of taxable income. Consideration of applications will not take place until all needed income verification is received. The size of the family unit will be those persons that are related that live in the same dwelling or if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance. Additionally, income from anyone that is financially responsible for the applicant should be included on the application.