

ADMINISTRATIVE POLICY	NUMBER: 605
SUBJECT: Financial Assistance Policy	
DEVELOPED: 5/89	
REVISED / REVIEWED: 1/18	

PURPOSE

The purpose of this policy is to document Sheltering Arms’ assistance to help achieve its mission of providing comprehensive physical rehabilitation of the highest caliber with compassion and respect, to enhance the quality of life to those persons experiencing disabilities, and to offer financial assistance to those in need while maintaining the financial health and sustainability of the organization. This policy is drafted with the intention of satisfying the requirements in Section 501(r) of the Internal Revenue Code of 1986, as amended, regarding financial assistance, limitations on charges to persons eligible for financial assistance, and reasonable billing and collection efforts and should be interpreted accordingly.

As a tax-exempt entity and as part of its commitment to serve the community, Sheltering Arms provides assistance in the form of Charity Care and Discounts to patients/families who qualify based upon income guidelines or who are determined to be medically indigent and who satisfy other program requirements. Sheltering Arms reserves the right in its sole discretion to limit or deny financial assistance to patients/families. Sheltering Arms’ services and access to Charity Care and Discounts are available without regard to race, gender, national origin, handicap, age, HIV status, sexual orientation, gender identity, material status, veteran status, religious beliefs, or any other characteristic protected by law.

This policy applies to medically necessary services provided by The Sheltering Arms Hospital, The Sheltering Arms Hospital South, and Sheltering Arms Physical Rehabilitation Associates, LLC.

DEFINITIONS:

The following definitions are applicable to this Financial Assistance Policy.

- **Amount Generally Billed (AGB)** - The amount generally billed is the payment expected from uninsured patients, or an uninsured patient’s guarantor, found eligible for financial assistance. For uninsured patients, this amount will not exceed the rate paid by Medicare. No patient found eligible for financial assistance will be expected to pay gross charges for eligible services.
- **Charity Care** - A full waiver of patient financial obligation resulting from medically necessary services provided by Sheltering Arms for eligible uninsured and Medically Indigent patients, or their guarantors, with annualized Family Incomes at or below 200% of the Federal Poverty Guidelines.
- **Discount** – Financial assistance that provides a sliding scale discount to uninsured or Medically Indigent eligible patients, or patient guarantors, with annualized family incomes above 200% of the Federal Poverty Guidelines but below 350% of the Federal Poverty Guidelines.
- **Family** - A group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they are considered a dependent for the purposes of the provision of Financial Assistance.
- **Family Income** - An applicant’s family income is the combined gross income of all adult members of the Family living in the household and included on the most recent federal tax

return. For patients under 18 years of age, Family Income includes that of the parents and/or step-parents, or caretaker relatives.

- **Federal Poverty Guidelines** - The Federal Poverty Guidelines (FPG) uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPG guidelines can be referenced at <https://aspe.hhs.gov/poverty>.
- **Financial Assistance** – Assistance provided to applicants meeting Sheltering Arms' established criteria to relieve them of all or part of their financial obligation for medically necessary care provided by Sheltering Arms.
- **Guarantor** - An individual other than the patient who is responsible for payment of the patient's bill.
- **Gross charges** – The full, established price for medical care that Sheltering Arms consistently and uniformly charges patients before applying any contractual allowances, discounts or deductions.
- **Medically Indigent** – A patient, or patient guarantor, whose medical or hospital bills, after payment by third-party payers, exceed a specified percentage of the patient/family yearly income, and is unable to pay the 'patient responsibility' portion of the bill. For purposes of this Policy, a patient may be considered Medically Indigent if the patient, or patient guarantor, (i) has annual income greater than 200% of the Federal Poverty Guidelines but less than 350% of the Federal Poverty Guidelines; (ii) has patient responsibility for Medically Necessary services provided by Sheltering Arms that exceeds \$500 and is more than 10% of the family's yearly income; and (iii) has demonstrated his inability to pay the remaining bill.
- **Medically Necessary** - As defined by Medicare or Medicaid as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.
- **Payment Plan** - An interest-free, payment plan of up to twelve months that is agreed to by both Sheltering Arms and a patient, or patient's guarantor, for out-of-pocket fees.
- **Uninsured Patient** - A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, automobile insurance, and other third party assistance to assist with meeting a patient's payment obligations.

POLICY

ELIGIBLE SERVICES:

Services eligible under this Financial Assistance Policy include medically necessary rehabilitation services and products. They are those services and products necessary for basic safety, ADL, mobility, and work purposes, and normally included as covered services in Medicare and Medicaid programs. This Policy does not provide for services and products determined to be elective, or for services and products which are upgrades to more basic options. Clinical treatment plans under Financial Assistance are reviewed and approved by clinical managers.

The Financial Assistance Program is not intended to cover services that are denied by a patient's insurance company as not medically necessary. Exceptions may be made on a case-by-case basis considering medical and programmatic implications. Exceptions will be considered and approved where appropriate by the VP Finance/CFO.

Refer to Exhibit A for processes related to Club Recreation (Community Recreation).

PROVIDER LIST:

The Sheltering Arms Hospital, The Sheltering Arms Hospital South, and all providers at Sheltering Arms Physical Rehabilitation Associates, LLC are covered by this Policy. No other providers are covered by this Policy.

ELIGIBILITY:

Patients who have access to primary and secondary insurance coverage or a required service provider must utilize and exhaust their benefits under that plan prior to consideration for Financial Assistance.

Eligibility for Financial Assistance will be considered for any patient who is a resident of Virginia. Proof of Virginia residency can be demonstrated through a valid Virginia driver's license, voter registration card, or work/school identification.

Patients whose patient responsibility is less than \$150.00 will not be considered unless the patient qualifies for Charity Care.

Applicants for Financial Assistance are required to cooperate in attempting to obtain payment or assistance, such as possible public benefits or coverage programs, available to pay for the cost of care provided by Sheltering Arms. Applicants screened for possible coverage eligibility are required to apply for Virginia Medicaid, other possible public benefits, or coverage programs, prior to applying for Sheltering Arms Financial Assistance. Patients, or patient guarantors, refusing to apply for Virginia Medicaid or other possible public benefits or coverage programs may be denied Sheltering Arms Financial Assistance.

Patients denied Virginia Medicaid eligibility are requested to complete a Financial Assistance Program Application form, which will initiate the Sheltering Arms Financial Assistance review process. Financial Assistance applications will be reviewed for eligibility based upon the applicant's income, family size, and insurance status. Individuals with household incomes less than 350% of the Federal Poverty Guidelines may be eligible for care at discounted rates dependent upon income level. For the remaining balance after the appropriate discount has been applied, suitable arrangements may be made with the Patient Accounting office for an interest-free monthly payment plan of up to twelve months.

Financial Assistance will be offered to eligible Medically Indigent patients provided it is in accordance with the insurance contractual agreement, for insured patients. Financial Assistance is generally not available for:

- Patient cost-sharing amounts (e.g., copays, coinsurances, deductibles*)
 - *High-deductible health plans may be eligible for medical indigency,
- Balances after insurance in the event that a patient fails to reasonably comply with insurance referral or authorization requirements, or
- Individuals having no insurance coverage due to their own failure to obtain such coverage.

Exceptions to the above limitations will be handled on a case by case basis.

Patients having a Medicaid spend down plan are required to meet his/her spend down obligation before receiving Financial Assistance.

Confidentiality of information and individual dignity will be respected and protected for all who seek Financial Assistance.

Patients, or patient guarantors, who falsify the Financial Assistance Program Application will not be eligible for the Program and will be held responsible for all charges received while enrolled in the Program retroactively to the first day approved for Financial Assistance. Patients are responsible for informing Sheltering Arms of any changes to the information provided if their financial circumstances change.

PROCEDURE

APPLYING FOR FINANCIAL ASSISTANCE:

Eligibility for Financial Assistance will be based on financial need. Certain documentation is required to determine eligibility.

The following income documentation is required from patients, or their guarantors, to determine eligibility:

1. Documentation of Virginia residency.
2. Two most recent pay stubs and/or two years of tax returns and all attached schedules.
3. Social security/disability certification letter.
4. Welfare benefit letter.
5. Notarized letter of support.
6. Bank account statements for the previous 2 months.
7. Business income.
8. Rental income.
9. Other income information (for example, social security payments, pension income, general assistance, unemployment compensation, worker's compensation, disability income, alimony/child support, or other regular sources of income).

Submission of documents to support household income is required to provide the basis to make an eligibility determination. In cases where the patient or guarantor has experienced a recent and material reduction in income, Sheltering Arms will consider not only current income information but also income for the past 12 months, and estimated income for the next 12 months. Each of those income amounts will be considered to make a determination of the patient's household income level, with primary weight applied to the estimation of income for the next 12 months. If the future income cannot be estimated with a sufficient degree of confidence, or if actual and/or anticipated bills for Sheltering Arms services exceed 25 percent of estimated income for the next 12 months, the application shall be referred to the Vice President Finance/CFO for review.

Please return completed Financial Assistance Applications to the following address:

Sheltering Arms Physical Rehabilitation Hospital
Attn: Patient Accounting
8254 Atlee Rd, Mechanicsville, VA 23116
Fax: (804) 272-6759
E-mail: FinancialAssistance@Shelteringarms.com

QUALIFICATION PERIOD:

- A. Patients can apply for Financial Assistance up to 240 days after the first billing statement date. If the patient is approved for Financial Assistance, the Financial Assistance will be for a specific period as dictated by the rehabilitation plan of care. An additional period may be approved upon the review of medical necessity considerations and the continued financial need of the patient.
- B. **Inpatient Admission** - Approval for Financial Assistance will apply to the entire inpatient stay.
- C. **Program Admission** - Approval will be for the specified period while the patient remains in a Sheltering Arms comprehensive rehabilitation program (e.g., DRP) subject to continued medical necessity and financial eligibility.
- D. **Outpatient Services** - Approval will be limited to no more than a two-month period subject to continued medical necessity. An extension may be granted as supported by the rehabilitation plan of care and financial eligibility.
- E. **Intermittent Services** - Approval for Financial Assistance for patients who receive intermittent services, such as monthly or quarterly appointments (e.g., through Physician Services or Medical

Psychology) may extend for up to a 6-month period subject to continued medical necessity and financial eligibility. An extension may be granted as supported by the rehabilitation plan of care and financial eligibility.

If a patient, or patient's guarantor, is denied Financial Assistance, the patient or guarantor, may re-apply at any time there has been a change of income or status.

ELIGIBILITY DETERMINATIONS AND APPEALS PROCEDURE

Applications with instructions may be obtained from the Sheltering Arms website, the Case Manager, Nurse Liaison or Patient Accounting Representative. All completed applications must be submitted to the Patient Accounting department, as per printed instructions, for review and verification of information. The Director of Revenue Cycle may be consulted as needed.

Applications will be first reviewed by the Financial Assistance Coordinator, who may approve applications that meet Financial Assistance guidelines with expected total assistance under \$5,000. The Director of Revenue Cycle may approve applications for Inpatients for expected total assistance not to exceed \$25,000. The Vice President Finance/CFO must approve any application for which there is significant potential for the total assistance to exceed \$25,000 during a single application period. If the VP Finance/CFO is unavailable, approval may be rendered by the CEO or designee. The Vice President Finance/CFO will also review applications that do not meet the Program guidelines but for which extraordinary circumstances may exist.

Applicants must be notified of the decision in writing regarding Financial Assistance within ten (10) business days of submitting a completed application. If the financial information provided is incomplete or insufficient to determine financial need, Sheltering Arms may request additional documentation from the patient. If requested information is not provided within 30 days, the application will be voided and Financial Assistance will not be considered, and payment for services rendered to date by Sheltering Arms will be the responsibility of the patient or guarantor.

If an applicant is denied eligibility for Financial Assistance, an appeal of the denial may be submitted, in writing, within thirty (30) days of the denial date. Once a written appeal is received, the application will be re-evaluated by the Vice President Finance/CFO. A written response to the denial will be provided to the patient and will indicate either approval or the upholding of the denial.

Emergency Approval is defined as approval of a Financial Assistance Application for a patient scheduled to be admitted to The Sheltering Arms Hospital or The Sheltering Arms Hospital South when it can be determined that the patient has insufficient medical insurance coverage and there is a reasonable basis for concluding that the patient/family meets requirements for Financial Assistance. The Vice President Finance/CFO will provide Emergency Approval as indicated pending final review and application completion. If the VP Finance/CFO is unavailable, the decision for Emergency Approval may be rendered by the CEO or designee.

The decision to grant Financial Assistance will ultimately be at the sole discretion of Sheltering Arms.

PRESUMPTIVE ELIGIBILITY

Sheltering Arms realizes that there may be instances when a patient's qualification for Financial Assistance can be established without completing the Financial Assistance Application. Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Examples of programs eligible under the Sheltering Arms Financial Assistance Policy include, but are not limited to:

- Virginia Women, Infants and Children (WIC)
- Virginia Supplemental Nutrition Assistance Program (SNAP)
- Virginia Temporary Assistance for Needy Families (TANF)
- All dual eligible Medicare/Medicaid Programs

Additional presumptively eligible categories will include with minimal documentation:

- Homeless patients as documented during the registration/clinical intake interview process
- Deceased patients with no known estate based on medical record documentation, death certificate, and confirmation with the applicable Circuit Court

- All patients resulting from other automated means test scoring campaigns and databases

FINANCIAL ASSISTANCE

Financial Assistance will be based on family income, family size and insurance status. The Federal Poverty Guidelines will be used to determine an applicant’s eligibility for Financial Assistance. Financial Assistance will be provided after all third party payment options that are available to the applicant have been exhausted or denied. Patients having a Medicaid spend down plan are required to meet their spend down obligation before receiving assistance.

Eligible applicants will receive the following Financial Assistance.

Charity Care – Uninsured: The full amount of Sheltering Arms charges will be determined covered under Financial Assistance for eligible services for uninsured patients, or patient guarantors, whose gross family income is less than 200% of the Federal Poverty Guidelines.

Discounts – Uninsured: A sliding scale discount will be provided for eligible services for uninsured patients, or patient guarantors, whose gross family income is equal to or greater than 200% FPG but less than 350% of the current FPG.

Per IRS 501(r), hospitals must limit charges for medically necessary services provided to patients receiving Financial Assistance to the Amounts Generally Billed (AGB) to commercial insurers and Medicare. Sheltering Arms determines AGB by dividing total allowed amounts by total charges for all commercial and Medicare plans in aggregate for the prior fiscal year to determine the Payment on Account Factor (PAF) for the prior fiscal year. This will be done on an annual basis and this Policy will be updated accordingly. The minimum FAP discount for the current fiscal year is the inverse of the prior year PAF. This will reduce the Gross Charges billed to qualifying patients to no more than AGB for the prior year. Amounts billed to patients who qualify for Financial Assistance will not exceed the AGB.

For example:

Total allowable amounts from Medicare and commercial plans:	\$ 42,884,706.71
Total charges from Medicare and commercial plans	\$ 77,356,843.76
PAF	55%
Net minimum FAP discount	45%

Patients, or patient guarantors, eligible for Financial Assistance will be provided additional discounts according to the following schedule, based on the family income of the patient, or the patient’s guarantor.

- Family income equal to or greater than 200% FPG but equal to or less than 240% FPG are eligible to receive a 90% discount on the Gross Charges.
- Family income greater than 240% FPG but equal to or less than 275% FPG are eligible to receive a 75% discount on Gross Charges.
- Family income greater than 275% FPG but equal to or less than 350% FPG are eligible to receive a 50% discount on the Gross Charges.

Medically Indigent - Uninsured or Insured: If a patient, or guarantor, is determined to be Medically Indigent, Financial Assistance will be provided through a discount to the patient responsibility according to the following schedule, based on the family income of the patient, or the patient’s guarantor.

- Family income equal to or greater than 200% FPG but equal to or less than 240% FPG are eligible to receive a 90% discount on the patient responsibility portion of the bill.
- Family income greater than 240% FPG but equal to or less than 275% FPG are eligible to receive a 75% discount on the patient responsibility portion of the bill.
- Family income greater than 275% FPG but equal to or less than 350% FPG are eligible to receive a 50% discount on the patient responsibility portion of the bill.

Payment Plans: Payment in full is expected for balances due, within thirty (30) days of the initial patient invoice. If it is not feasible for a patient, or patient's guarantor, to pay in full within this timeframe, suitable arrangements may be made with the Patient Accounting office for an interest-free monthly payment plan. Payment plans may be extended for up to twelve (12) months, depending on the balance from the patient, or patient guarantor.

Sheltering Arms will work with the patient, or patient guarantor, to establish a manageable payment plan and timeframe. Patients, or guarantor, are responsible for communicating with Sheltering Arms anytime an agreed upon payment plan cannot be fulfilled. Lack of communication from the patient may result in the account being assigned to a collection agency.

NOTIFICATION OF FINANCIAL ASSISTANCE

Sheltering Arms will widely publicize the Sheltering Arms Financial Assistance Policy. Information on Financial Assistance will be provided to patients and the community served by Sheltering Arms. The Financial Assistance Policy, Financial Assistance Application, and a plain language summary of the Policy will be available on the Sheltering Arms' website. Sheltering Arms will provide hard copies of the Financial Assistance Policy, Financial Assistance Application and a plain language summary of the Policy to patient upon request, in person or by mail, and free of charge.

Financial Assistance information will be made available in the patient admission information package and discharge process for all patients. Information on the Policy and instructions on how to contact Sheltering Arms for assistance will be posted in areas that include, but are not limited to, admitting and registration. Patient statements will include information on the Sheltering Arms Financial Assistance Policy and on how an application form may be obtained.

Sheltering Arms will provide public notices yearly in local newspapers serving the hospital's target population.

Information on Financial Assistance, and the notice posted in hospital and clinic locations, will be in English, Spanish and in any other language that is the primary language spoken by at least 5% of the residents in the service area.

Requests for consideration of Financial Assistance may originate from the patient, patient guarantor, family member, or designated representative in the event that the patient, a patient guarantor, or a family member is unavailable or unable to initiate request. Referral may also originate from any member of the Medical Staff and Sheltering Arms staff who may be aware of the potential need for financial assistance. Patient Accounting through their normal job responsibilities may identify potential patients who may be eligible for Financial Assistance. Patient/families that may qualify for Financial Assistance should be given a plain language summary of the Policy and offer a Financial Assistance Application.

COLLECTION METHODS TAKEN IN THE EVENT OF NON-PAYMENT

Reasonable efforts are taken to determine a patient's eligibility for Financial Assistance under this Policy with respect to Covered Services prior to engaging in collection efforts with respect to such patient. Such efforts include notifying a patient about this Policy in at least two patient statements, phone calls made to patients if they have not resolved their bills or are not current on payment plans, helping a patient remedy an incomplete Financial Assistance Application, and informing an applicant for Financial Assistance regarding his/her eligibility determination once a completed application has been received.

If a patient, or patient guarantor, applies for Financial Assistance, no collection actions will be taken until an eligibility determination has been rendered. No collection actions will be pursued against a patient if the patient, or guarantor, has demonstrated that he or she has applied for coverage under Virginia Medicaid or other coverage programs, in the event that such programs will possibly pay the outstanding balance and for which an eligibility determination is still pending.

In the event of non-payment or the absence of any mutually agreed-upon payment arrangement, Sheltering Arms will consider an account to be bad debt and may undertake ECAs after 120 days from the provision of a patient's first post-discharge billing statement and after making reasonable efforts to determine the patient's eligibility for Financial Assistance. Following 120 days after the first post-discharge

patient invoice, Sheltering Arms may move a patient account to bad debt and turn the delinquent account over to a third-party collections agency under the following circumstances:

- After reasonable efforts are taken, a patient is found to either not qualify for Financial Assistance under this Policy or is unresponsive to Sheltering Arms' efforts to obtain the information necessary to determine eligibility for Financial Assistance;
- An applicant is denied Virginia Medicaid or other coverage, or Financial Assistance, and the patient or guarantor fails to take appropriate steps to resolve the outstanding patient balance; or
- A payment plan has been established and agreed to by the patient, or patient guarantor, and the patient or guarantor has defaulted on payment for at least 70 days.

At least 30 days before categorizing patient accounts as bad debt and initiating any ECAs, Sheltering Arms will notify the patient, in writing, regarding any ECAs Sheltering Arms intends to initiate to obtain payment, as well as the availability of Financial Assistance for eligible individuals. Along with this notice, the patient is provided a plain language summary of this Policy. Sheltering Arms will also make a reasonable effort to orally notify its patients about this Policy and how they may obtain Financial Assistance during the period between mailing the ECA-initiation notice and resuming or initiating ECAs. ECA(s) may occur no earlier than 120 days from the provision of a patient's first post-discharge billing statement, as outlined in Treas. Reg. Sec. 1.501(r)-6(c)(3)(i).

Extraordinary Collection Actions (ECAs) may be taken by Sheltering Arms once an account has been categorized as bad debt and the patient has been notified as set forth above. ECAs may include the reporting of the delinquent account to one or more consumer reporting agencies (credit bureaus) as well as deferring or denying, or requiring a payment before providing, medically necessary services due to nonpayment for previously provided services. Sheltering Arms will not sell an individual's debt to a third party, file lawsuits, take judgments, record judgments or deeds of trust, place liens on realty, and garnish wages and other assets.

Upon receipt of a Financial Assistance Application during the 240 days following the first post-discharge billing statement, any ECAs will be suspended until a final eligibility determination is made by Sheltering Arms. An applicant for Financial Assistance who provides an incomplete application is given thirty (30) days to respond to Sheltering Arms' written notice describing the additional information and/or documentation required to complete the application. If the applicant does not respond to the request for additional information from Sheltering Arms within thirty (30) days, then ECAs may resume.

Sheltering Arms' CFO is responsible for determining that Sheltering Arms has made reasonable efforts to determine a patient's eligibility for Financial Assistance under this Policy before engaging in any ECAs.

The foregoing provisions of this Section do not apply (or, if applicable, cease to apply) to any patient that is determined to be disqualified from or not eligible for Financial Assistance.

EXCEPTIONS TO THIS POLICY

Sheltering Arms' CEO is granted the authority to provide eligibility and determination exceptions to this Policy on a case-by-case basis as appropriate to an individual patient's facts and circumstances.

REGULATORY REQUIREMENTS

Sheltering Arms will comply with all federal, state laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this Policy. Information on the financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

RECORD KEEPING

Sheltering Arms will document all Financial Assistance in order to maintain proper controls and meet all internal and external compliance requirements. A Financial Assistance summary report will be presented on a periodic basis to the Board of Directors.

The Sheltering Arms Financial Assistance Coordinator will maintain patient applications and Financial Assistance records, including copies of verification documents. The Business Office will maintain patient accounting records to document the actual financial assistance amount applied to a patient account.

NONDISCRIMINATION & EMERGENCY MEDICAL CARE

Sheltering Arms does not have a dedicated emergency department. Sheltering Arms will appraise emergencies, provide initial treatment, and refer or transfer an individual to another hospital/facility, when appropriate, without discrimination and without regard to whether the individual is eligible for Financial Assistance.

Sheltering Arms will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that an individual pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with Sheltering Arms' appraisal and provision, without discrimination, of such initial treatment.

POLICY APPROVAL

As an administrative policy, Sheltering Arms' Financial Assistance Policy is approved by the Sheltering Arms President's Council. This policy is subject to periodic review and Sheltering Arms reserves the right to amend and/or update this policy at any time. The Sheltering Arms Board of Directors will be informed of the policy.

EXHIBIT A

**SHELTERING ARMS
FINANCIAL ASSISTANCE PROGRAM**

Club Rec - Community Recreation

Community Recreation Programs represent another aspect of Sheltering Arms' commitment to the residents of Central Virginia. Sheltering Arms provides Financial Assistance to eligible patients/families specifically to support participation in the Community Recreation 'Club Rec' program. Patient/family financial need and eligibility is determined through the Financial Assistance Program application process as described in this policy.

Based on the information provided by the patient/family, and verified by Sheltering Arms, the following chart is used to determine patient/family responsibility for the 'Club Rec' program.

The Financial Assistance Coordinator is responsible for communicating with patients/families with regard to Financial Assistance applications and eligibility for Club Rec, and also responsible for maintaining a detailed record of all Financial Assistance determinations as related to that program.

Financial Assistance Guidelines Club Rec Program			
Patient's Responsibility - Daily Rate			
At or below 100% FPG	<u>Above 100% and at or below 200% of FPG</u>	<u>Above 200% and at or below 240% of FPG</u>	<u>Above 275% and at or below 350% FPG</u>
\$ 8.00	\$ 16.00	\$ 16.00	\$ 35.00