

# Community Care Guidelines

## **Purpose Statement:**

Presentation Medical Center/Clinic (PMC) believes we have an obligation to make every effort possible to collect for services rendered from all those who have the ability to pay. While providing Community Care Assistance is an integral part of the Mission of PMC to the communities we serve, out of fairness to all, we continually strive to ensure that financial assistance is provided to those who truly have no means to pay.

## **Services Covered**

This policy and procedure pertains to all Presentation Medical Center facilities. Persons and departments covered by this policy include only Presentation Medical Center's acute, observation, emergency, laboratory, radiology, pharmacy, physical therapy, respiratory therapy, cardiac rehab, outpatient facility surgical services, and speech therapy.

This policy does not apply to certain groups of providers that may treat a Presentation Medical Center patient. See Appendix A for a listing of those groups or providers.

## **Policy:**

Presentation Medical Center/Clinic provides healthcare services to patients who are in need of such services, regardless of their ability to pay. Financial Assistance (either full or partial) will be provided to those patients who meet the following criteria:

1. Medical services that are defined by Medicare as: healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine will be covered under the Community Caring Program. Cosmetic services will not be covered under the Community Caring Program.
2. The Business Office has classified patients who need financial assistance when the following criteria has been determined:
  - A. All alternative payment resources have been exhausted and the patient has been denied third party payment from insurance(s), including federal and state programs.
  - B. Submitted and received approval of a Community Care application completed twelve months prior to or immediately following the provision of medical services.
  - C. Community Care approved applications will need to be verified at the minimum of at least once a year.
3. When reviewing credit applications for financial assistance, Presentation Medical Center/Clinic bases its determination on:
  - A. Total Gross Income for all family members who are 18 years and older.
  - B. Federal Poverty Guidelines will be used to determine the percentage of financial assistance and will be based off of the sliding fee schedule
  - C. Verification of income will include a review of the most recent 12 month period. A copy of the W-2, 2 payroll stubs and/or income tax forms will be required.
  - D. If income taxes were not filed, then the applicant must complete IRS Form 4506-T to verify that Federal Income Taxes were not filed.

