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|   | **PURPOSE:** The purpose of this summary Policy is to describe the manner in which Behavioral Center of MI & Samaritan Behavioral Center identify and provide financial assistance to uninsured patients and to patients who need help paying their hospital bills.  |

# II. POLICY:

It is the policy of the hospitals to provide financial assistance for in patient mental health services and other Medically Necessary Care to individuals who qualify for such assistance under this Policy.

**III. DEFINITIONS:** Definitions for Amounts Generally Billed or AGB, AGB Percentage, Family, Family Assets, Family Income, Gross Charges, Guarantor, Medically Necessary Care, and Uninsured Patient are all included in the Financial Assistant Policy (FAP).

**IV. PROCEDURE:** A. Hospital staff responsible for scheduling appointments or admissions should refer all patients without insurance and unable to pay for care to a billing specialist to determine eligibility for financial assistance. Patients with insurance who cannot afford to pay their share of the total amount due should also be referred to a billing specialist. Eligibility for financial assistance in the form of a charity care adjustment is based on the patient's demonstrated inability to pay for services or items due to inadequate financial resources. A patient is not eligible for financial assistance in the form of a charity care adjustment under this Policy if the patient's Family Assets are valued at $50,000 or more, regardless of the patient's Family Income. b. A patient with Family Assets valued at less than $50,000 who satisfies the following criteria will qualify for financial assistance in the form of a charity care adjustment of amounts owed for IP Mental Health or other Medically Necessary Care by the patient (but not on amounts owed by a third-party payor), based on a sliding scale. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. In addition to meeting the Family Income and Family Assets criteria to be eligible for financial assistance in the form of a charity care adjustment under this Policy, a patient also must: ▪ Complete the Financial Assistance Application provided by hospital; ▪ Supply all documentation requested by hospital in accordance with this Policy and the Financial Assistance Application form; ▪ Apply for all public assistance programs requested by the hospital, including, for example, Medicaid, Social Security, disability, etc.; and ▪ Cooperate with hospital in determining whether or not the patient is eligible for financial assistance under this Policy. The hospital will provide reasonable assistance to patients in pursuit of public benefits for which they may qualify (such as, for example, Michigan Medicaid). A patient who is a Medicaid beneficiary will be deemed presumptively to qualify for 100% financial assistance in the form of a charity care adjustment. If a patient is presumptively determined to be eligible for 100% financial assistance in the form of a charity care adjustment, the Business Office will notify the patient of the determination in writing, and the patient will not be required to complete a Financial Assistance Application. All applicants for financial assistance in the form of a charity care adjustment should provide proof of Family Income and Family Assets. Upon request of hospital, an applicant may be required to provide copies of the following that are applicable: ▪ Paycheck stubs for at least the last four weeks or a statement from the employer verifying gross wages ▪ IRS Forms W-2 issued during the past year ▪ Most recent IRS Form 1040 ▪ Most recent two months of bank statements for each checking, savings, money market or other bank or investment account ▪ Written statements for the most recent two months for all other income (e.g., unemployment compensation, disability, retirement, etc.) ▪ Unemployment compensation denial letter ▪ Documentation of Family Assets values b. Failure to provide any of these documents may result in a denial of financial assistance, although an applicant will not be denied financial assistance based on failure to provide information or documentation that this Policy or the Financial Assistance Application does not explicitly require. If an applicant does not have any of the listed documents to demonstrate Family Income or Family Assets, the applicant may contact the Hospital's billing department.

The completed Financial Assistance Application should be submitted, along with the required supporting documentation, to Behavioral Center of Michigan 4050 E. 12 Mile Rd. Warren, MI 48092 – ATTN: Billing Department Telephone: (586)261-2166

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| **Next Review Date:** | 5/2026 |
| **Review Date:** |  |
| **Revision Date:** | 1/2025 |
| **Revision History:** |  |
| **Key Word Search:** | Financial Assistance |

This policy is: [ ]  New [ ]  Reviewed [x]  Revised