LIBERTY REGIONAL MEDICAL CENTER	TITLE: INDIGENT/CHARITY CARE	Original Date: 00/00/1985 Effective Date: 04/17/2026 Next Review Date: 04/17/2028

I. DEFINITION OF POLICY:

It shall be the policy of Liberty Regional Medical Center (LRMC) to establish a standard for the purpose of identifying patients in need of Indigent/Charity Care (ICC) to meet the financial obligations related to health care services rendered at LRMC. Financial assistance eligibility determinations will be made based on the LRMC's policy and after an assessment of financial need. Patients have a responsibility to cooperate in applying for financial assistance by providing the necessary information and documentation for a determination to be made. Determination for financial assistance will not take into account age, race, gender, creed, social status, or religious affiliation. Each request for financial assistance will be reviewed independently and on a case-by-case basis.

II. PURPOSE OF POLICY:

A. To provide a mechanism for identifying patients qualifying for ICC financial assistance.

B. To establish qualification criteria for ICC.

C. To comply with Indigent Care Trust Fund rules and regulations.

III. DEPARTMENTS AND MANUAL TO WHICH THIS POLICY APPLIES:

Patient Financial Services via the Patient Financial Services Departmental Policy Manual

IV. DEFINITION OF TERMS:

Charity Care – Services provided to persons with income between 125% and 200% of the federal poverty level.

Elective Procedures – A procedure planned in advance by a physician for a condition that is not life-threatening.

Family – As defined by the U.S. Census Bureau, a group of two or more people who reside together who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims an individual as a dependent on his or her income tax return, the individual may be considered a dependent for purposes of the provision of financial assistance.

Federal Poverty Guidelines (FPG) – Updated and published annually in the Federal Register and based on family size and income. FPG are used in determining a patient's eligibility for financial assistance under Medicaid and LRMC's financial assistance policy. Current guidelines can be referenced at http://aspe.hhs.gov/POVERTY.

Indigent Care – Services provided to persons with an income below 125% of the federal poverty level.

Responsible Household Members – Persons who permanently live with, and are financially responsible for the applicant.

V. PROCEDURE(S):

A. Adequate notification to the public about the ICC program will be posted throughout the facility.

B. In order for a patient to be considered eligible for the ICC program, the patient will have first been deemed ineligible for all other State and/or Federal programs.

C. ICC applications are considered a last resort to all other programs, entities or entitlements.

D. If an applicant is thought to be potentially eligible under any of the various Medicaid programs, a referral will be made to the Department of Family and Children's Services (DFCS).

E. If DFCS denies an applicant for procedural reasons (i.e. failure to keep assigned appointments, failure to provide required documentation, failure to meet the given time frame requirements, etc.), the application for ICC will be excluded from further consideration.

F. If DFCS denies an applicant for a reason other than procedural (i.e. over income or over resourced) the normal time constraints for ICC application will not apply. ICC applications will be accepted in these circumstances regardless of original date of service.

G. Patients will apply for and will be screened for eligibility by a Patient Financial Counselor. This application will be valid only for accounts that have not been turned over to bad debt collections. For services that occur after approval the patient will be responsible for notifying Patient Financial Services to ensure proper adjustments are being made. In accordance with EMTALA (Emergency Medical Treatment and Labor Act) regulations, no patients will be screened for financial assistance or payment information prior to the rendering of services in emergency situations.

H. Services eligible under this policy:
For purposes of this policy "financial assistance" refers to healthcare services rendered by LRMC without charge or at a discount to qualifying patients under the Indigent Charity Care Program.
   1. Emergency medical services provided in an emergency room setting or posing a threat to the patient's ongoing health or well-being;
   2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
   3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
   4. ICC application requests for scheduled or walk-in services will be evaluated on a case-by-case basis at LRMC's discretion based on established guidelines by the State of Georgia for diagnoses that represent diseases and conditions considered medical emergencies.

I. Non-covered services will include, but are not limited to:
   1. Cosmetic procedures
   2. Items and services not available at LRMC
   3. Services required as a result from a criminal act, while incarcerated, or in the custody of any law enforcement.
   4. Professional fees from a physician, radiologist, anaesthesiologist, or consultant.
   5. Fertility Testing
   6. Patients treated under EMLA

J. LRMC ICC only applies to the hospital charges from Liberty Regional Medical Center. All other services rendered and billed separately from LRMC are not subject to the policy. Patients must contact these healthcare providers directly to inquire into assistance and negotiate payment arrangements.

K. Patients refusing to comply with the information required by LRMC's ICC plan or any State or Federal agency in its attempt to determine eligibility will be excluded from approval.

L. ICC income classification is based on 0% to 200% of the current year's Federal Poverty Guidelines and the family size in the responsible party's household. If the applicant's average gross income per year falls within the established Federal Poverty Guidelines, the applicant will be considered eligible for ICC. Eligibility is based on average annual income prior to the application date.

M. Income is determined as the gross income of all the responsible household members and must be disclosed on the ICC application. Income includes wages, salaries, tips, unemployment compensation, worker's compensation, veteran's benefits, child support for any children claimed as a dependent, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts,

rents received interest/dividends, and income from other miscellaneous sources. Temporary Assistance Needy Families (TANF) and/or Social Security Income (SSI), received by any family member, is to be excluded for purposes of the ICC financial determination.

N. Acceptable proof of income, when requested, will include but is not limited to:
   1. Payroll check stubs
   2. Letters from employers on company stationery detailing income information
   3. Federal Income Tax Returns
   4. Wage Inquiries
   5. Bank Statements

O. An application for ICC (Attachment A) will be completed with all requested documentation, when applicable, attached and forwarded to a Patient Financial Counselor.

P. Applications will be made available to all uninsured, self-pay patients at the time of service.

Q. Applications (Attachment A) will be available at the Emergency Department, Patient Access, and the Business Office.

R. Applicants will be notified in writing of approval or disapproval of the application, the dollar amount, or reason(s) for denial no later than 30 days after the completed ICC application has been submitted to LRMC.

S. All insurance or third party benefits will be assigned to LRMC in order to reduce the account balance to be considered for ICC.

T. Patients who do not qualify for ICC, any entitlement programs or are non-compliant in paperwork will be designated as self-pay.

U. Adjustments to account balances will be determined as follows:
   1. Patients with income below 125% of the federal poverty level – 100% of the balance due.
   2. Patients with income between 125% to 150% of the federal poverty level – 75% of the balance due
   3. Patients with income between 150% to 175% of the federal poverty level – 50% of the balance due.
   4. Patients with income between 175% to 200% of the federal poverty level – 25% of the balance due.

VI. Attachments:
-Application Financial Assistance

Originating Department/Committee/Team: Accounting, Patient Financial Services and Registration

Approval History:

April 28, 2026	Hospital Authority of Liberty County
April 17, 2026	Policy Committee
February 22, 2022	Hospital Authority of Liberty County
February 16, 2022	Policy Committee
February 29, 2016	Policy Committee
October 28, 2010	Policy Committee
August 4, 2009	Policy committee
July 22, 2009	Policy Committee
October 11, 2001	Policy Committee
1985	Policy Committee