Putnam General Hospital
Financial Assistance Policy

Patient Information for Financial Assistance

The Financial Assistance Policy (FAP) of Putnam General Hospital illustrates our commitment to our patients and the community we serve in providing care before, during and after treatment is received regardless of an individual's ability to pay. Our mission is to provide timely and appropriate financial assistance when patients meet the guidelines provided. Putnam General offers financial assistance to eligible individuals and families who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. Based on financial need, either reduced payments or free care may be available. Patients, or the person legally responsible for a patient's bill, may request financial assistance in regard to their obligation at any time before or during the billing process. Patients, or the person legally responsible for a patient's bill, may meet guidelines for full or partial assistance. Once the application and evaluation process has been completed, patients, or the person legally responsible for a patient's bill will be advised of the assistance determination. Those patients who do not qualify for financial assistance will be billed in accordance with Putnam General Hospital policy. Collection activity is conducted within the applicable rules and laws governing patient collections.

Patients requiring emergency or urgent medical care and pregnant women in active labor shall be treated without regard to their ability to pay in accordance with all applicable Federal regulations (Emergency Medical Screening, Stabilization, Treatment, and transfer). Putnam General Hospital will provide a 50% discount to all uninsured patients with no health insurance from either a private or public source. This charity discount is provided to patients at all income levels.

As further described below, this Financial Assistance Policy:

• Includes eligibility criteria for Financial Assistance.

• Limits the amount that Putnam General Hospital will charge for emergency or other Medically Necessary care provided to individuals who qualify for Financial Assistance to no more than the amount generally billed to insured patients as defined in this policy.

• Describes the method by which patients may apply for Financial Assistance.

• Describes the collection actions that Putnam General Hospital may utilize to collect a patient's bill.

Definitions: As used in this Policy, the following terms have the meanings as set forth below:

1**. Putnam General Hospital** — includes Putnam General Hospital – location 101 Lake Oconee Parkway, Eatonton GA 31024

2. **Financial Assistance** - Free or discounted health services provided to individuals who meet Putnam General's criteria for Financial Assistance and are unable to pay for the Medically Necessary services provided by the facility. Financial Assistance includes:

a. Free Care — Free care is available when the household income of a patient and/or Guarantor income is equal to or less than 125 percent of the current Federal Poverty level

b. Discounted Care - Discounts are available based upon Federal Poverty Guidelines. Discounts will be applied according to a sliding scale up to 200% of Federal Poverty Guidelines adjusted for family size and will not exceed the amounts generally billed insured patients as defined in this policy.

3. Emergency Medical Conditions — Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). An emergency medical condition is defined as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."

4. Medically Necessary — Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: a. in accordance with the generally accepted standards of medical practice; b. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease For these purposes, "generally accepted standards of medical practice" means: a. standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community; b. Physician Specialty Society recommendations; c. the views of Physicians practicing in the relevant clinical area; and d. any other relevant factors.

5. Eligible Services — Services eligible under this Policy include: (1) Emergency medical services provided in an emergency room setting, (2) non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and (3) other Medically Necessary services. Eligible Services does not include elective, cosmetic or non-Medically Necessary services.

6. Co-Payments, Coinsurance and Deductibles — The amount determined by the patient's insurance policy as being due from the patient and/or any Guarantor. This amount is normally a required payment due from the patient or Guarantor by contract.

7. Gross Charges — The total charges at the organization's established rates for the provision of patient care services before deductions from revenue are applied.

8. Guarantor — Individual other than the patient who is responsible for payment of the patient's bill.

9. Household income equals Guarantor total income.

10. Patient Liability — Patient Liability is the amount owed by the patient and /or Guarantor after application of all insurance benefits. If the person is a 100% self-pay patient and does not qualify for Financial Assistance, the balance will be discounted.

11. Amounts Generally Billed Percentage — AGB percentages is calculated for the 12-month period ending September 30 of each year. The AGB percentage equals the claims allowed by Medicare for the 12- month period. The AGB limitation will be applied as of Jan 1 of the following calendar year and remain in effect through December 31 of the same calendar year.

12. Amounts Generally Billed — The maximum amount charged to all patients meeting the eligibility criteria under this Policy. Amounts Generally Billed (AGB) will be calculated by multiplying gross charges for any eligible service by the appropriate AGB percentage as defined above.

13. Presumptive Eligibility — Prior to the issuance of the second post discharge billing statement, all patient accounts will be reviewed using predictive analytics to estimate the Household Income of the patient/guarantor. If the estimated Household Income is equal to or less than or equal to 125% of Federal Poverty Guidelines, the patient shall not be required to pay for their care.

14. Income — Completion of Putnam General Hospital Financial Assistance Application is required in order to qualify for Financial Assistance based on income.

15. Application Period — The period of time ending 240 days after the first post-discharge bill is issued for the episode of care.

Financial Assistance Application Guidelines:

Requests for Financial Assistance must be submitted using Putnam General Hospital's Financial Assistance Application. The Application must be completed in its entirety and all supporting documentation attached to the Application.

1. Patient and Guarantors may apply for Financial Assistance at any time during the application period.

2. Falsifying information on the Application will be grounds for denying or revoking Financial Assistance. Falsifying an application includes, but is not limited to, failure to disclose or falsely disclosing requested information.

3. Applicant shall identify all known third-party payment sources for services rendered. Applicant shall cooperate with Putnam General Hospital in filing of claims and collection of reimbursement from all third-party payment sources. Failure to cooperate will be grounds for denying Financial Assistance.

4. Applicant shall cooperate in applying for assistance from other sources for which they may be eligible, such as Medicaid, State Cancer Aid, Victims of Crime and other programs. Failure to cooperate will be grounds for denying Financial Assistance.

Financial Assistance Information

To request an application for financial assistance and a copy of the detailed financial assistance policy, please contact the Putnam General Hospital financial assistance team at 706-923-2055. A copy of this summary, the financial assistance policy, required documentation and the application forms are available in English and Spanish or through the Putnam General Hospital website at: **http://www.putnamgeneral.com**

If you want more information or have questions about the process, please call the financial assistance team at (706) 923-2055. A member of the financial assistance team will be happy to assist you.

You may also visit the financial assistance office located at Putnam General Hospital, 101 Lake Oconee Parkway, Eatonton, GA 31024.

Financial Counseling services are also provided in, but are not limited to, the following points of service:

- Patient hospital rooms
- The Patient Account Advisor Office located at Putnam General Hospital
- Direct contact with patients or their families/friends
- Emergency Room, upon request
- Billing and Collections
- Other entities within Putnam General Hospital.

Eligible services, all emergency and medically necessary services excluding Cosmetic and elective services, are subject to Putnam General Hospital policy and will be analyzed by the Financial Assistance Advisor. If the patient does not appear to be eligible for any type of assistance, the Financial Assistance Advisor staff will notify the patient and discuss pre-service payment options, if applicable. If eligibility is not determined at the time of service, the financial assistance team will review for potential classification (i.e. State Medicaid, Social Security Disability, Indigent/Charity, or any other third-party assistance program).

All uninsured patients presenting to a registration area will receive a copy of the Patient Information for Financial Assistance document. A copy of the document will also be readily available to anyone making the request.

Eligibility Criteria for Financial Assistance

You may be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not eligible for government assistance (for example, Medicare or Medicaid)
- Can show you have financial need that qualifies under the criteria outlined in this policy
- Provide Putnam General Hospital with necessary information about your household finances

Uninsured patients may request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance. All uninsured patients with income less than 200% Federal Poverty Guidelines for their family size may qualify for financial assistance based upon a sliding scale. Putnam General Hospital also employs third-party vendors to assist in determining whether patient meets criteria for financial assistance.

Free or discounted care are available by Federal poverty guideline amount.

- Household income equal to or less than 125% FPG — Free Care Household income above 125% but less than 200% FPG — Discounted Care.

Putnam General Hospital will never be bill gross charges for any medical care covered under the FAP.

Information Required to Complete an Application for Financial Assistance:

- Completed Application for Financial Assistance
- Proof of income (most recent complete tax returns, check stub, etc.)
- Statement of Support (if no income reported)
    - If patient/guarantor is unable to provide the above documentation to verify income, an original letter from his/her employer on company letterhead should be sent showing part-time or full-time status, length of employment and monthly income. Should the patient not be able to provide any documentation of income verification, the patient must supply a letter containing all facts supporting the need for financial assistance. Approval with this documentation will be on a case-by-case scenario.
- Proof of resources (i.e. bank statements, money market account statements)
- Additional documentation based on information provided during the screening process with a Patient Account Advisor

Once a completed application is reviewed, a decision will be made, and the patient/applicant will be notified in writing of the decision.

The Financial Assistance department at Putnam General Hospital is responsible for making eligibility determinations based on the documentation provided through the application process. Patients may contact the Financial Assistance department with questions on eligibility determinations by calling (706) 923-2055.

- If approved for Financial Assistance, the patient will receive discounted or total write-off.
- If denied Financial Assistance, the patient may receive a discount in accordance with self-pay fee schedule for the services provided.

Returning your application

Your application can be given directly to a Patient Financial Counselor. They are located on the main campus of Putnam General Hospital business office. You can also mail your completed application form and copies of your proof of income materials to: Putnam General Hospital Financial Assistance, 101 Lake Oconee Parkway, Eatonton, GA, 31024.

Your application must include copies of any documents that apply to you (see above). Please attach copies, not originals, as Putnam General Hospital will not be liable for the return any document sent with the application. If any of the documents are missing, it will delay processing of your application and could result in delay or denial of your application and could result in your account being sent to a collection agency.

Notification of Request for Additional Information or Denial

Financial Assistance will not be denied based solely upon an incomplete application initially submitted. The required documentation needed is referenced above. Putnam General Hospital will contact patients or financial guarantors via mail to notify of missing documentation. Patients will have 14 business days to return additional information.

Notification of Approval

Putnam General Hospital will contact the patient via mail to notify of approval for the financial assistance program. This notice will include the steps a patient may take to obtain information about how their co-pay (if applicable) was determined as well as information confirming that the co-pay is not more than the Amounts Generally Billed described below. If a patient has already established a payment plan or made payments on their account, and was subsequently approved for financial assistance, any payments over the co-pay amount will either be applied to other outstanding accounts or refunded to the patient if no other outstanding accounts exist. If an approved patient has had extraordinary collection actions, Putnam General Hospital will take all available steps to reverse the actions taken upon eligibility approval.

Calculation of Amounts Charged to Patients

Putnam General Hospital does not bill uninsured patients for patient liability amounts more than the amounts generally billed insured patients. Putnam General Hospital uses the look back method to determine the Amounts Generally Billed (AGB) to patients who qualify for financial assistance. That means that Putnam General Hospital reviews the actual past claims allowed by Medicare and all private health insurers to establish the AGB percentage. Putnam General Hospital will not bill a financial assistance eligible person more than the AGB rate.

2020 Uninsured Discount rate for Putnam General Hospital is 50%

Patient Collections

Putnam General Hospital makes reasonable efforts to ensure that patients are billed for their services accurately and timely. Putnam General Hospital will attempt to work with all patients to establish suitable payment arrangements if full payment cannot be made at the time of service or upon delivery of the first patient statement.

Statements and Collection Letters

Patients/Guarantors will receive two statements and two collection letters sent the 30th day from prior mailing. All statements will inform patents/guarantors of their ability to apply for Financial Assistance.

Phone Calls

Patient/Guarantors may receive phone calls requesting payment in full or payment arrangements be made. These calls will generally start 28 days after the first statement. The calls will comply with all Federal Regulations and are an attempt to collect a debt.

Extraordinary Collections Actions

Putnam General Hospital contracts with RGL Associates and Revenue Cycle Associates for its bad debt patient and/or guarantor collection processes. Accounts are subject to the following extraordinary collection actions, but only after 120 days from the first post-discharge billing:

- Putnam General Hospital nor its assigned vendors will conduct any extraordinary collection actions as defined under 501(r).