

	NEW LIBERTY HOSPITAL FINANCIAL ASSISTANCE POLICY Version #: 2			POLICY	
	Effective Date:	July 1, 2016	Replaces:	NEW	Approval Date:
Category:	Housewide.Administrative				
Sub Category:	All				
Applies to:	Clinics/Hospital				
Specific to:					
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PURPOSE:

Liberty Hospital is the name commonly used to describe the New Liberty Hospital District, a hospital district and political subdivision of the State of Missouri. The New Liberty Hospital District was created pursuant to Chapter 206 of the Revised Statutes of Missouri, as amended. The New Liberty Hospital District (hereinafter referred to as “Liberty Hospital”) serves the healthcare needs of our community. Consistent with our mission to deliver compassionate, high-quality, affordable healthcare services, Liberty Hospital strives to ensure that an individual’s ability to pay for healthcare is not a barrier for needed healthcare services and does not prevent our community from seeking or receiving care. The Hospital is committed to assuring that financial assistance options are available to medically indigent patients and guarantors who are unable to pay for emergency and medically necessary care; while ensuring Liberty Hospital’s compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

POLICY:

Liberty Hospital provides financial assistance for medically indigent patients who meet the eligibility criteria outlined in this policy.

Situations where the provision of financial assistance will be considered include but are not limited to the following provided such patients meet the eligibility requirements:

- Uninsured patients who do not have the ability to pay;
- Insured patients who do not have the ability to pay for portions not covered by insurance;
- Deceased patients with no estate and no living trust; and,
- Patients involved in catastrophic illness or injury.

SCOPE:

Patients who are eligible for financial assistance in the form of free or discounted (partial charity) care under this program are any patients with services on an inpatient or outpatient account or emergency department account, excluding physician charges, who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for emergency and medically necessary care based on their individual financial situation. Financial assistance under this policy is available to residents of the hospital’s service area, which includes the following counties: Clay, Caldwell, Carroll, Clinton, Daviess, Grundy, Harrison, Livingston, Platte and Ray.

“Charity” or “financial assistance” refers to healthcare services provided by Liberty Hospital (LH), without charge or at a discount to qualifying patients. The following healthcare services are eligible for consideration pursuant to this policy:

1. Emergency medical services, provided in an emergency room setting, excluding physician charges. (See Appendix A)

2. Services, excluding physician charges, for a condition which, if not promptly treated, reasonably could be expected to result in placing the health of the individual in serious jeopardy and/or serious impairment to bodily functions and/or serious dysfunction of any bodily organ or part, as defined by a physician.
3. Non-elective services, excluding physician charges, provided in response to life-threatening circumstances in a non-emergency room setting, as defined by a physician.

Excluded Services

1. Cosmetic procedures and all associated costs related to provision of these services.
2. Services not covered or not deemed medically necessary by the Medicare/Medicaid programs or other insurance carriers providing coverage. This also applies to patients who elect to seek services that are not covered under the patient's benefit agreement, such as a patient who seeks out-of-network services, or a patient who refuses to transfer from Liberty Hospital to an in-network facility.
3. Patients that refuse to submit to LH peer review process and appropriate diagnostic tests in non-emergency settings performed at LH.
4. Patients who may qualify for Medicaid, but do not cooperate in preparing an application or providing needed follow up on the application or do not provide a written denial notification from Medicaid. Medicaid patients who are responsible to pay a share of the costs (spend down) are not eligible to apply for Financial Assistance to reduce the amount of the cost share. Liberty Hospital will seek to collect these amounts from the patient.
5. A patient who is insured by a third-party payer that refuses to pay for services, because the patient failed to provide information necessary for the third-party payer to determine payer's liability.
6. If a patient receives payment for services directly from an indemnity, Medicare Supplement or other payer, the patient is not eligible for Financial Assistance for the services for which payment was made.
7. Liberty Hospital may decline awarding Financial Assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.
8. If the patient receives a financial settlement or judgment from a third-party, the patient must use the settlement or judgment amount to satisfy any patient account balances remaining after insurance pays, if applicable.
9. Services of physicians, such as anesthesiologists, radiologists, hospitalists, pathologists, emergency room physicians and physicians employed by New Liberty Hospital Corporation, are not covered under this policy. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from the physician.

DEFINITION(S)

Amounts Generally Billed – The Amounts Generally Billed (AGB) is the amount generally allowed by combining Medicare fee for service and private health insurers for emergency and other medically necessary care. Liberty Hospital uses the look-back method to determine AGB.

Catastrophic Medical Expense – Catastrophic medical expense is defined as patient responsibility exceeding 25% of annual income available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense, the patient's financial responsibility after charity may be reduced to an amount equal to 25% of annual income. The patient's financial responsibility after financial assistance will

not exceed AGB. Patients or guarantors whose financial responsibility does not exceed 25% of annual income are not eligible for this discount. The discount would be calculated as follows: 1.) Determine household income as defined below. 2.) Multiply household income by 25%. 3.) Determine patient responsibility 4.) If patient responsibility is not greater than 25% of income then discontinue calculation. If patient responsibility exceeds 25% of income, multiple patient responsibility by current AGB. Patient or guarantor owes the lesser of AGB amount or 25% of household income.

Federal Poverty Guidelines - Federal Poverty Guidelines (FPG) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family's household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized. The FPG as used for the purposes of determining Financial Assistance is outlined later in this policy.

Look-Back Method - Look-Back Method is a prior twelve (12) month, April 1 through March 31, period used when calculating Amounts Generally Billed.

Medically Indigent - A medically indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his/her medical expenses. The medically indigent patient may or may not have an income, and may or may not be covered by insurance. Each patient's financial position will be evaluated individually using the Federal Poverty Guidelines.

Medically Necessary Services - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability or to attain or maintain functional capacity in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services are rendered; and, services are furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or an excessive form of treatment.

Responsible Party – A patient or the patient's parents (birth or adoptive), stepparents, legal guardian or other individual who is legally responsible for the payments to Liberty Hospital for healthcare services provided to the patient.

PROCEDURE:

Applying for Financial Assistance

Medical indigence must be demonstrated through documentation, financial screening or by presumptive scoring. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts, and after placement with an outside collection agency. Requests for Financial Assistance are accepted for up to 240 days from the date Liberty Hospital first sent a post-discharge bill to the patient.

Patients apply for financial assistance by completing a Financial Assistance Application and providing supporting documents as requested. Patients may obtain a Financial Assistance Application by requesting in writing or by contacting the business office by phone or email. The Financial Assistance Application also is available on the Liberty Hospital website. Supporting documentation may be required including items such as Federal Income Tax Return, IRS non-filing letter, recent bank

statements, recent pay check stubs, letter from Medicaid eligibility office denying Medicaid coverage, and other documents that support the patient/household income, assets and financial position.

Request a Copy

The Liberty Hospital Financial Assistance Policy, Financial Assistance Application, AGB and Plain Language Summary, are available free of charge at www.libertyhospital.org/financialassistance. These documents and the Billing and Collection Policy are available in person at Liberty Hospital Patient Registration/Admitting office at 2525 Glenn Hendren Drive, Liberty MO. 64068, or by calling the Billing Office at 816-407-4861 or 816-792-7110. Copies in Arabic, French, German, Spanish and Vietnamese also can be requested.

Under special circumstances the requirement to complete the Financial Assistance Application Form and/or provide additional documents may be waived with approval from Billing Office Management.

Assistance with the application process is provided by Billing Office staff or hospital Patient Registration/Admitting staff. Assistance may be requested by phone or in person by calling or visiting the locations identified in the “Request a Copy” section of this policy.

Financial assistance applications are valid for six (6) months after approval date. Financial assistance may be extended for an additional six (6) months with affirmation of the household income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is completed.

Financial Assistance Determination

A patient’s eligibility for Financial Assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, auto insurance personal injury protection (PIP) or medical pay, liability liens, estate claims or any other possible appropriate source for payment are exhausted. Reversal of Financial Assistance adjustments will be made if subsequent third-party payments are received. Financial Assistance is to be considered the adjustment of last resort.

A patient’s eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size, and other guidelines as referenced in this policy.

Household Income is defined as:

Adults: If the patient is an adult, “Yearly Household Income” means the sum of the total yearly gross income or estimated yearly gross income of the patient and the patient’s spouse. The following items will be considered Income: wages, Unemployment compensation, Workers’ Compensation, Social Security, Supplemental Security Income, disability payments, Veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, and child support. (Non-cash benefits such as food stamps and housing subsidies are excluded.)

Minors and Dependent Students: If the patient is a minor or dependent student, “Yearly Household Income” means the sum of the total yearly gross income or estimated yearly gross income of the patient

and patient’s parent(s) living in the home. The same items as listed immediately above will be considered part of “Yearly Household Income.”

Household size is defined as:

Adults: In calculating the Household Size, include the patient, the patient’s spouse, and any dependents, (as defined by the Internal Revenue Code (IRC)).

Minors: In calculating the Household Size, include the patient, the patient’s mother, the patient’s father, dependents of the patient’s mother and dependents of the patient’s father (as defined by IRC).

Monetary Assets: Financial assets that are convertible to cash without penalty, including but not limited to checking accounts, savings accounts, IRAs, CDs, retirement savings and investments may be considered when determining a patient’s ability to pay. In all cases the patient’s and responsible party’s overall financial position and household income are considered when determining financial assistance. A patient or guarantor with financial resources equal to or greater than \$250,000 will not receive Financial Assistance.

Basis for Calculating Amounts Generally Billed, Liberty Hospital Accounts Only

After the patient’s account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than Amounts Generally Billed to individuals who have Medicare fee-for-service and private health insurers for emergency and other medically necessary care. The AGB is determined by blending these two payers. The Look-Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by Liberty Hospital. The Amounts Generally Billed summary is available on the Liberty Hospital website at [www.libertyhospital.org/financial assistance](http://www.libertyhospital.org/financial%20assistance); See Appendix B

Patients or members of the public may request a copy of this policy, available at no charge, at Liberty Hospital Patient Registration/Admitting Office or by contacting the Billing Office. The Liberty Hospital locations and hospital billing office contact information is provided under the “Request a Copy” section of this policy.

Presumptive Eligibility

Liberty Hospital may receive recommendations from third parties that independently evaluate propensity to pay and probability of charity. Liberty Hospital may rely on those recommendations for the basis of determining financial assistance when a patient does not complete an application. Patients qualifying for presumptive eligibility may receive full charity discounts based on proof of residency in a homeless shelter or documentation indicating that their wages are below the limit for garnishment. Such documentation will result in a 100% charity discount for a period of six months.

Application of Federal Poverty Guidelines for determining Charity Care Discounts

The FPG percentage guidelines are applied to gross charges or deductibles and co-payments; patient responsibility; as follows for medically necessary or emergent inpatient and observation admissions; Emergency Room visits (excluding physician services); and, outpatient visits.

<u>Income % of FPG</u>	<u>Charity</u>	<u>Patient Responsibility</u>
200% or less FPG	100%	0%

201% up to 220% FPG	95%	5%
221% up to 240% FPG	90%	10%
241% up to 260% FPG	85%	15%
261% up to 280% FPG	80%	20%
281% up to 290% FPG	75%	25%
291% up to 300% FPG	70%	30%
Greater than 300% FPG	0%	100%

Determination

1. A financial counselor will provide a Financial Assistance eligibility determination in writing within thirty (30) days of receipt of all required information. Acceptance: A letter communicating the approval of Financial Assistance and the applicable eligibility period will be sent to the Responsible Party. Upon approval, Liberty Hospital will determine if the responsible party has additional accounts that would qualify for charity discount up to 240 days prior to receipt of the complete application.
2. Denial: In the event Liberty Hospital determines that a Responsible Party is not eligible for Financial Assistance, a written denial letter will be provided to the Responsible Party within the same thirty-(30) day timeframe and will include the reason(s) for denial, the date of the decision, and the instructions for appeal or reconsideration.
3. Appeal: The Responsible Party may appeal the determination of eligibility for Financial Assistance by providing additional information on household income, family size, or medical indigency to Liberty Hospital within thirty (30) days of receipt of notification. All appeals of decisions made by a financial counselor will be reviewed by Billing Office Management. If the appeal results in affirming the previous denial of Financial Assistance, written notification will be sent to the Responsible Party. If the original determination is overturned, a letter communicating the approval will be issued as stated in (1) above.
4. The Responsible Party will continue to receive statements during the consideration of the completed application. Any accounts for such Responsible Party will not be reported to a collection agency until a determination has been made. If an account already has been placed in bad debt status, collection efforts will be suspended until a determination has been made.

Patient Refunds

Liberty Hospital will refund any amount the individual has paid for care that exceeds the amount he/she is determined to be personally responsible for paying as a Financial Assistance Policy eligible individual, unless such amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

Financial Assistance Policy Availability to Patients

This Policy is available in the Primary Language(s) of Liberty Hospital's service area. In addition, all notices/communications provided in this section shall be available in the Primary Language(s) of Liberty Hospital's service area and in a manner consistent with all applicable federal and state laws and regulations.

Information about the availability of Financial Assistance appears on patient statements and is posted on signs in Liberty Hospital's registration areas. The Financial Assistance Policy, plain language summary of policy and the Financial Assistance Application form with instructions, is available on the Liberty Hospital website. During preadmission/registration (or as soon thereafter as practicable) Liberty Hospital shall provide all patients with a copy of a plain language summary; Found in Appendix C.

Patients or members of the public may request a copy of this Financial Assistance Policy, available at no charge, at Liberty Hospital Patient Registration/Admitting office or by contacting the Billing Office. Liberty Hospital Billing Office contact information is provided under the "Request a Copy" section of this policy.

Patient Billing and Collection

Statements are sent to the Responsible Party to advise them of balances due. Balances are considered delinquent when the Responsible Party fails to make either acceptable payment or acceptable payment arrangements before the next statement. Responsible Parties are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters. Delinquent accounts may be placed for collection if the Responsible Party fails to respond. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act and 501(r). The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

Liberty Hospital will not engage in extraordinary collection actions, such as court proceedings, garnishing wages, initiating liens and other actions beyond normal statement generation and account follow-up before making reasonable efforts to determine whether the Responsible Party is eligible for Financial Assistance. Accounts that previously have been identified as bad debt and/or assigned to a collection agency may be subject to retroactive review. For more information on this or actions that may be taken in the event of non-payment, please access Liberty Hospital Billing and Collection Policy on Liberty Hospital's website or contact us at 816-792-7110 or 816-407-4861.

Collection Suit

Liberty Hospital, the collection agency and collection law firm work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, Liberty Hospital, or its agents, may file suit in an attempt to collect on delinquent accounts. When a Responsible Party applies for or is screened for Financial Assistance and is not approved, and the Responsible Party does not start paying amounts timely, under a negotiated arrangement, Liberty Hospital may file suit in an attempt to collect on delinquent accounts. All requests for suit are approved by the Liberty Hospital President/CEO or his designee.

If a Responsible Party is in contact with the collection agency or law firm prior to garnishment, an attempt is made to settle the account or negotiate a payment arrangement that is reasonable under the circumstances. As long as the Responsible Party makes timely payments as agreed under a negotiated arrangement, no garnishment will be requested. Garnishments are filed after judgment is received unless a court ordered stay is in place or a payment arrangement has been negotiated and has not been breached. If the law firm believes that the Responsible Parties employment has been terminated, garnishment may be held until a place of employment is located.

Responsible Parties approved for partial financial assistance may owe a balance on the account. The Responsible Party will receive a Financial Assistance partial approval letter that explains the amount approved for Financial Assistance and the amount the Responsible Party owes. The Responsible Party will receive statements requesting payment. If payment is not made, the account becomes delinquent and a final notice is sent. If the Responsible Party does not pay the balance, make payment arrangements or request additional Financial Assistance, the account may be placed with an agency for collection. After placement with an agency the delinquent account may be approved for a collection suit. If judgment is obtained, Liberty Hospital or its agent may garnish wages to recover payment to the extent allowed by law.

Payment Plans

If you are not able to pay your balance in one payment, Liberty Hospital offers no-interest and low-interest payment options.

Measures to Publicize the Financial Assistance Policy

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application, AGB and Plain Language Summary on the Liberty Hospital website at the following location:
www.libertyhospital.org/financialassistance
- Copies of the Policy, Financial Assistance Application and Plain Language Summary may be downloaded and printed at the website listed above.
- Paper copies of the Policy, Financial Assistance Application, Plain Language Summary, AGB and our Billing and Collection Policy are available to patients upon request and without charge. The patient may call to request or ask at the Liberty Hospital Business Office or Patient Registration/Admitting Department.
- Providing information when a patient arrives in person or calls the business office.
- Posting a notice in the emergency department and admitting areas of Liberty Hospital.
- Including a message on the Liberty Hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Communicated at time of registration in “Notification of FAP” document.

Additional resource that may reduce patient financial responsibility - Tax Levy Credit

Residents who live within the boundaries of the New Liberty Hospital District pay a small amount of the property taxes every year to help fund Liberty Hospital services and equipment. The amount of the tax is listed on the annual Clay County Personal Property Tax Statement; and, if the Responsible Party is a home owner, it appears on the Clay County Real Estate Tax Statement form. The amount is listed next to “Hospital Tax.”

Whenever the patient or Responsible Party has an “out-of-pocket” or “patient-pay” portion of the bill, they can receive a credit or reduction to the bill for the “out-of-pocket” or “patient-pay” portion up to the amount of taxes paid in the immediately preceding tax year, if the tax is equal to or less than the “out-of-pocket” or “patient-pay” portion. If the patient is eligible for Financial Assistance then the “out-of-pocket” or “patient-pay” portion will be reduced by the amount of the tax credit applied up to the “out-of-pocket or

“patient pay” amount.

To receive the tax credit or reduction to the bill, or to receive a refund if the patient or Responsible Party has already paid the “out-of-pocket” or “patient-pay” portion of the bill, provide the paid tax receipt to Liberty Hospital’s cashier, located at Liberty Hospital, and Liberty Hospital will process the credit or refund. If the credit is not used in total for one date of service, any balance may be applied to additional services provided.

Since taxes usually are paid at the end of a calendar year, Liberty Hospital will apply the credit or refund for services provided, in the year following the previous tax year. As a result, 2015 taxes will be paid in 2016 and can be used to reduce the “out-of-pocket” Liberty Hospital services rendered in 2016. Potential tax credits do not “roll forward” or accumulate if they are not used for “out-of-pocket” amounts within the year.

If you have questions regarding the Tax Levy Credit, please contact Liberty Hospital at 816-792-7110.

Appendix A:

Providers Not Covered by this Policy:

Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician’s charity care policy directly from their physician.

The physicians employed by New Liberty Hospital Corporation
Alliance Radiology (X/Ray, CT, MRI and other imaging interpretations)
EmCare/DeerValley (Emergency Department Physicians)
Liberty Hospital freestanding clinics
Liberty Hospital Urgent Care at Shoal Creek
MAWD Pathology (lab interpretations)
Professional Anesthesia Care/Northland Pain Consultants
Dr. Arnold Katz (Rheumatology)

If you have questions about whether a specific provider is covered or not covered by this policy, please call 816-792-7110.

Amounts Generally Billed Calculation

Appendix B

Liberty Hospital provides Financial Assistance to medically indigent patients meeting the eligibility criteria outlined in the Financial Assistance Policy for Medically Indigent Patients. After the patient's account(s) is reduced by the Financial Assistance adjustment based on the policy, the patient/Responsible Party is responsible for the remainder of his/her outstanding patient account, which shall be no more than Amounts Generally Billed (AGB) to individuals who have Medicare fee-for-service and private health insurers for emergency and other medically necessary care. The Look-Back Method is used to determine AGB. Patients or members of the public may obtain the Financial Assistance Policy summary or detailed Financial Assistance Policy and Application document at no charge by contacting Liberty Hospital Billing Office at 806-792-7110 or 816-407-4861 or by visiting the Patient Registration/Admitting Office at 2525 Glenn Hendren Drive, Liberty, MO, 64068.

Amounts Generally Billed are the sums of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

$$\text{AGB \%} = \text{Sum of Claims Allowed Amount \$} / \text{Sum of Gross Charges \$ for those claims}$$

AGB is calculated on an annual basis.

- Look-Back Method is used. A twelve-(12) month period, April 1 through March 1 is used;
- Includes Medicare Fee for Service and Commercial payers; and,
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, Medicare facility billing, motor vehicle and liability, and Workers' Compensation.

Liberty Hospital
Amounts Generally Billed: 31%
Effective: July 1, 2017

Summary Appendix C – Part 1 - Page 1 of 2

Financial Assistance for Liberty Hospital Patients

If you need assistance paying your medical bills, we may be able to help. If you qualify for Financial Assistance, you can get help for your full payment or part of your bill.

Am I eligible for financial assistance?

This is determined on patient, guarantor, and household income criteria defined by Federal Poverty Guidelines. The Hospital also considers the balance of your assets such as checking accounts, savings accounts, IRAs, CDs, retirement savings, and investments. Also, you must live in one of the following counties that comprise the Hospital's service area: Clay, Caldwell, Carroll, Clinton, Daviess, Grundy, Harrison, Livingston, Platte or Ray.

If you qualify for assistance, you will not be billed for more than the amount that a patient with insurance/Medicare generally would be billed. View Amounts Generally Billed at www.libertyhospital.org/financialassistance.

What happens if I have a catastrophic medical event?

In situations such as serious medical illnesses or accidents requiring costly treatment, patients who might normally not qualify for Financial Assistance may be approved for partial assistance.

If you qualify, your responsibility will be whichever is lower:

- 25 percent of your yearly household income; or
- The amount a patient with insurance/Medicare generally would be billed

When can I apply for assistance?

A patient may apply at any time — before, during or up to 240 days after you receive your first post-discharge billing statement.

How do I apply?

A patient needs to complete a (free) Financial Assistance Application form and provide any requested documentation.

To receive the form:

- Download the form online: <http://www.libertyhospital.org/financialassistance>
- [Financial Assistance Application in English at website above.](#)
- [Financial Assistance Application en Español at website above.](#)
- Copies of the form available in Arabic, French, German, Spanish or Vietnamese can be obtained through the Liberty Hospital Business Office or Patient Registration/Admitting Office
- Call the Liberty Hospital Business Office at 816-792-7110 or 816-407-4861.
- Visit the Patient Registration/Admitting office at Liberty Hospital, located at 2525 Glenn Hendren Drive, Liberty, MO. 64068.

If you have questions while completing the form, please call us at 816-792-7110.

What services are included in Financial Assistance?

Our [Financial Assistance Policy, at website above](#), covers patient bills for services that are provided in our emergency room, except as indicated below and other medically necessary services.

This policy does not cover independent physicians, surgeons, anesthesiologists, pathologists, emergency physicians, radiologists, or any other physicians employed by the New Liberty Hospital Corporation.

Contact us

For additional informational about Financial Assistance, please contact Liberty Hospital's Business Office at 816-792-7110, M-F, 8:00 a.m.-4:30 p.m. For physician bills, contact the Physician Billing Office.

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- Alliance Radiology (Radiologist): 855-410-3198
- EmCare/DeerValley (Emergency Department Physicians) 800-355-2470
- Liberty Hospital Clinics: 816-407-4200
- MAWD Pathology (Pathologist) McKesson Billing Services : 866-932-6216
- Professional Anesthesia Care/Northland Pain Consultants: 913-642-4900
- Liberty Hospital Urgent Care Shoal Creek: 816-415-3369

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2525 Glenn W. Hendren Drive • Liberty, Missouri 64069-1002 • 816 781-7200

Dear Patient:

We understand that a hospitalization may result in unplanned expenses. Our Board of Trustees has approved several payment options. These options include payment by check, cash, Discover, MasterCard or Visa. If your circumstances do not allow you to take advantage of these options, we will be glad to consider other payment arrangements. In order for us to work with you, we request that you work with us by providing the information indicated on the financial application. We are not a lending institution and, therefore, do not charge interest on

payments that are made. We ask for the same type of information that is requested by a lending institution. It is needed so that we might work together to arrive at a payment amount that is fair for you and the hospital.

Your financial application, complete with attachments, must be **returned to us no later than 240 days** after you received your first post-discharge billing statement, but may be returned sooner. Failure to return your completed application within this time frame will result in denial of the application. Also, you must live in one of the following Counties that comprise our service area: Clay, Caldwell, Carroll, Clinton, Daviess, Grundy, Harrison, Livingston, Platte or Ray.

Information needed for review of financial application:

- ___ Prior year household income tax return or IRS non-filing letter
- ___ Most recent two (2) pay stubs of all members contributing to household income
- ___ Verification and amount of Unemployment, Work Comp benefits and/or disability benefits
- ___ Current W-2 and 1099 Form
- ___ List of current stocks/bonds, retirement accounts, mutual funds (i.e. IRA, CDs, 401K)
- ___ Copies of payments from Social Security, Supplemental Security, Survivor Benefits
- ___ Current utility bill, rent invoice or mortgage bill for proof of residence
- ___ Proof of Medicaid denial
- ___ Current month bank statement(s) ****please cross out account numbers**
- ___ Amount of educational assistance, alimony, child support, or veteran’s payments
- ___ Amount of income from interest, dividends, rental property, royalties, estates, or trusts
- ___ Letter from family/parents/friends verifying support
- ___ Letter from school verifying full-time student status
- ___ Documentation of homeless shelter residence

For additional informational about financial assistance, please contact Liberty Hospital’s Business Office at 816-792-7110 or Financial Counselor at (816) 407-4861, M-F 8:00 a.m.- 4:30 p.m. Completed applications can be returned in person to Patient Registration/Admitting Office at Liberty Hospital, located at 2525 Glenn Hendren Drive, Liberty, MO, 64068 or mailed to the same address: attention Business Office. *This information obtained will be kept confidential and used only for Financial Assistance determination.*

PLEASE RESPOND IN ENGLISH

LIBERTY HOSPITAL
Financial Assistance Application

Patient Account #(s): _____

Responsible Party or Guarantor: _____ Social Security # _____ - _____ - _____

Patient’s Name: _____ Social Security # _____ - _____ - _____

Patient’s Relationship to Applicant: Self Spouse/Partner Parent/Guardian Child Other: _____

Address: _____ City _____ County _____

State: _____ Zip Code: _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

*please indicate if this is the current address for: Patient Correspondence Guarantor

Have you recently made, or plan to make an application for Medicaid and/or Medical Assistance?: Yes _____ No _____

Date of Application: ____/____/____

Number of family members living in the home (spouse, domestic partners and dependents): _____

EMPLOYMENT INCOME VERIFICATION (List all persons in household who are employed)

Name	Relationship to Patient	Employer's Name & Address	Monthly Income
			Gross
			\$
			\$
			\$
			\$

OTHER INCOME (List monthly accounts)

Source	Name	Relationship to Patient	Monthly Value
Social/Supplemental Security, Survivor Benefits			
Unemployment/Work Comp/Disability Benefits			
Stocks, Bonds, retirement accounts, mutual funds			
Education assistance, alimony, child support, veteran's benefits			
Interest, dividends, rental property, royalties, estates, trusts			
Other			
Other			

RESOURCES (List all resources owned by members of the household and value)

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Bank or Company	Owner	Bank Accounts	Savings	Stocks/ Bonds	CDs	Retirement Accounts	Mutual Funds	Other
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$

This information obtained will be kept confidential and used only for Financial Assistance determination.

LIBERTY HOSPITAL
Financial Assistance Application

By my signature below, I certify that the information and documentation provided is an accurate and complete statement of my current financial position and give my permission to verify this information. My failure to pay any reduced or adjusted balance will subject me to the normal billing and collection practices of Liberty Hospital.

Signature of Applicant: _____

Date: _____

Documents needed for review of financial application:

- ____ Prior year household income tax return or IRS non-filing letter
- ____ Most recent two (2) pay stubs of all members contributing to household income
- ____ Verification and amount of Unemployment, Work Comp benefits and/or disability benefits
- ____ Current W-2 and 1099 Form
- ____ List of current stocks/bonds, retirement accounts, mutual funds (i.e. IRA, CDs, 401K)
- ____ Copies of payments from Social Security, Supplemental Security, Survivor Benefits
- ____ Current utility bill, rent invoice or mortgage bill for proof of residence
- ____ Proof of Medicaid denial
- ____ Current month bank statement(s) ***please cross out account numbers*
- ____ Amount of educational assistance, alimony, child support, or veteran’s payments
- ____ Amount of income from interest, dividends, rental property, royalties, estates or trusts
- ____ Letter from family/parents/friends verifying support
- ____ Letter from school verifying full-time student status
- ____ Documentation of homeless shelter residence

** If you have special circumstances you would like considered, please attach a separate letter with an explanation.*

DO NOT COMPLETE BELOW THIS LINE	OFFICE ONLY
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FINANCIAL ASSISTANCE

Total Family Gross Income: _____

Family Size: _____

Hospital Financial Assistance Guideline Amount: _____

Amounts Generally Billed: _____

Total Amount Approved: _____

Rejected: _____

Notification letter sent to patient on ____/____/____

Approved by: _____ Date: _____ Time: _____