

Salem Regional Medical Center (“the Center”) is a tax-exempt charitable organization within the meaning of §501(c)(3) of the Internal Revenue Code and charitable institutions under Ohio law.

The principle beneficiaries of the Financial Assistance Policy (“the Policy”) are intended to be uninsured patients requiring emergency and medically necessary care whose Annual Family Income does not exceed 400% of the Federal Poverty Guidelines (FPG) as published by the U.S. Department of Health and Human Services as of the date of the service.

The financial assistance available under this policy takes into consideration each patient’s financial resources. Each part of the process depends on the full cooperation of the patient. Patients are expected to contribute to the cost of their care based on their individual ability to pay. Some patients choose to be uninsured.

Many patients cannot afford insurance. In order to determine eligibility under the policy, patients may be asked to provide, as applicable:

- A copy of the family’s most recent tax return;
- Current bank statements (checking and savings);
- Proof of income for the patient and spouse, if married, plus three most recent pay stubs, Social security statements or unemployment stubs;
- Current Medicaid or other insurance cards; and,
- Patients indicating that that they have no income must provide information as to how they are currently supporting themselves.

The Center reserves the right to modify this policy at any time.

Program:

1. **To Provide Care on Nondiscriminatory Basis.** The Center’s policy is to provide Emergency and Medically Necessary Care to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth in the policy, Insured/Underinsured and Uninsured Patients who do not have the means to pay for services provided may request to be considered for awards of financial assistance under the Policy. The eligibility criteria for financial assistance and the procedures for receiving financial assistance are intended to ensure that the Center will have the financial resources necessary to meet its commitment to providing care to patients who are in financial need.

2. **Services Eligible:**

Services eligible under this Policy, which are provided by Salem Regional Medical Center, are listed below. In addition, certain other providers delivering such services within Salem Regional Medical Center are listed in Exhibit A (attached). Services provided by physicians that are not covered by this policy are listed in Exhibit B (attached):

- a. Emergency medical services provided in an emergency room setting;
- b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;

- c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and,
- d. Medically necessary services, evaluated on a case-by-case basis at the facility's discretion.

3. Eligibility Criteria for Financial Assistance:

- a. In general, Uninsured/Underinsured Patients whose Annual Family Income does not exceed 400% of the FPG, who meet other criteria set forth in this Policy, and who apply for assistance.
- b. **Geographic Requirements.** Financial assistance under this Policy is intended for persons residing in the service area of Salem Regional Medical Center.

4. Method of Applying for Financial Assistance:

- a. To be eligible for financial assistance under this Policy, individuals must apply for financial assistance and cooperate with the Center's personnel in determining whether or not the individual is eligible for assistance. Application for assistance must be made within one year from the date of service.
- b. Proof of income and financial documentation will be required based on the patient's Annual Family Income at the time of service. Annual Family Income determination should be based on the 3-month or 12-month period immediately preceding the date of service on the application, whichever is most advantageous to the patient.

5. Limitation on Charges. For emergency and medically necessary services, the charges to individuals eligible under the Policy are limited to the Amounts Generally Billed (AGB) for such services to individuals that have insurance coverage for such care.

- a. Patients eligible for awards of financial assistance under the Policy will receive assistance according to the following sliding scale:

Annual Family Income	Amount of Discount From AGB
<150% FPG	100%
151%-200% FPG	65%
201%-250% FPG	40%
251%-300% FPG	25%
301%-400% FPG	15%

The Center will not engage in extraordinary collection actions before it makes reasonable efforts to determine whether an individual who has an unpaid invoice amount from Center is eligible for financial assistance under the Policy.

- 6. For additional information related to this Policy, please call 330/332-7670.