

F. Actions Taken in the Event of Non-Payment

1. The Facility will take reasonable efforts to determine a patient's eligibility under this Policy prior to engaging in collection efforts against a patient. Such efforts include providing assistance in the application process, advertising financial assistance programs on patient statements, following up with patients who have submitted incomplete applications to try and obtain the missing information, and informing applicants regarding their eligibility determination.
2. Extraordinary collection actions are never taken against a patient, or an individual who is deemed legally responsible for the patient's bill, until reasonable efforts have been made to determine a patient's eligibility under this Policy.
3. If after reasonable efforts by the Facility a patient is found to either not qualify for the financial assistance outlined in this policy or is unresponsive to the Facility's efforts to obtain the information necessary to determine eligibility for assistance, the patient's account may be moved to bad debt and the account turned over to a third-party collections agency.
4. These extraordinary collection actions may include filing lawsuits, taking judgments, recording judgments, placing liens on residences, garnishing wages, attaching a bank account, debtor interrogatories, and levies.
5. If at any time during the bad debt collections process the Facility receives information that the patient is eligible under this Policy, the collection efforts cease and the account is written off to charity.

G. Process for Determining Discount

1. The federal poverty guidelines are used to determine eligibility for the discount. The discount will be applied to the entire balance due. Income levels will be updated annually when the federal poverty guidelines are published.

CONTACT A REPRESENTATIVE TODAY:



Financial Counseling

3000 Coliseum Drive
Hampton, Virginia 23666

(757) 736-4103

(757) 864-0621 fax

www.careplexortho.com



CarePlex Orthopaedic Ambulatory
Surgery Center

Financial Assistance
We Can Help



This policy establishes procedure to be followed at the CarePlex Orthopaedic Ambulatory Surgery Center in determining a patient's eligibility for financial assistance.

A. Eligibility

1. Uninsured/ Insured patients may be eligible for financial assistance on their medically necessary services.
2. Financial assistance under this Policy is available for copayments and deductibles from Medicare, Medicaid, Tricare/Champus, health insurance companies, or other third party payers.
3. It is not available for patients who fail to reasonably comply with insurance requirements, such as obtaining authorizations or referrals.
4. The Facility does not have the authority to offer financial assistance on charges from physicians or other healthcare professionals who are not employed by the Facility. In addition, services which are not medically necessary generally are not covered under this Policy.

B. Qualifications

1. All patients with income at or below 250% of the federal poverty guidelines qualify for a full (100%) charity write-off. Once a patient is determined to be eligible for financial assistance under this policy, s/he will not be charged for the medically necessary care provided by the facility.

C. Method for Applying or Obtaining

1. By Mail: Eligible patients should complete a Charity Care Application for financial assistance and provide proof of total household income to qualify for free care. Completed applications, along with supporting documents, can be mailed to:

**CarePlex Orthopaedic Ambulatory
Surgery Center
ATTN: Financial Assistance
3000 Coliseum Drive
Hampton, VA 23666**

2. In-person or by phone: The application is also available in-person at the patient registration area of the Facility; or it will be mailed to a patient upon request. Patients may also call 757-736-4103 to request an application or to obtain assistance in completing an application over the phone.
3. Uninsured patients that apply for financial assistance available in this Financial Assistance Policy, but do not satisfy the eligibility requirements, may qualify for a discount not otherwise provided for in this Policy.

D. Length of Eligibility

1. Approved financial assistance is effective for outstanding patient balances on eligible accounts at the time of application. Financial assistance does not apply to future dates of service.

E. Measures to Publicize the Financial Assistance

1. CarePlex Orthopaedic Ambulatory Surgery Center understands that health care expenses are often unexpected and paying for services can be overwhelming. We are committed to offering financial assistance to eligible patients who do not have the ability to pay for medically necessary services by publicizing our financial assistance programs and communicating the application process. In order to accomplish this goal:
 - a. Handouts describing the Facility's Financial Assistance Policy are available at the patient registration area. The handout also includes contact information for receiving assistance.
 - b. All letters for payment include a notification of the Facility's Financial Assistance Programs along with contact information to apply for financial assistance.

