

## FINANCIAL ASSISTANCE POLICY

Apex Surgical Center (“Apex”) provides financial assistance for patients who may be uninsured or underinsured and have received medically necessary care at Apex.

Apex is committed to the comprehensive assessment of individual patient need and to providing financial assistance when warranted, regardless of age, gender, race, national origin, socio-economic or immigrant status, sexual orientation or religious affiliation.

Notification of this Financial Assistance Policy (the “Policy”) is posted in Apex’s registration intake area. A summary of this Policy is available on Apex’s website, located at <http://www.apexsurgery.com/>. This Policy is available in English and Spanish.

### **Services for Which Financial Assistance is Not Available Under this Policy**

Financial assistance is not available under this Policy for the following types of care and services:

- Non-medically necessary services (including but not limited to elective surgery, elective procedures, cosmetic surgery, and cosmetic procedures); and
- Discretionary charges, if applicable.

### **Eligibility for Financial Assistance Under this Policy**

“Federal Poverty Level” or “FPL” means the measure of income level issued annually by the Department of Health and Human Services.

“Financial assistance application period” means the period ending on the 120<sup>th</sup> day after the first post-discharge billing statement is provided to a patient.

“Medically necessary care” means items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, as determined by Apex.

“Primary service area” means Oneida, Lewis, Herkimer, Otsego, Madison, Onondaga, and Oswego counties.

Patients may be eligible for financial assistance for medically necessary care under this Policy if:

- They are uninsured, or they have exhausted or will exhaust all available insurance benefits; and
- Their annual income does not exceed 300% of the current FPL guidelines; and
- They reside in Apex’s primary service area; and
- They apply for financial assistance within the financial assistance application period.

Patients may not be eligible for financial assistance for medically necessary care under this Policy if:

- The patient or responsible party provided false information; or
- The patient or responsible party refused to comply with any of the terms of this Policy; or
- The patient or responsible party refused to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs; or
- The patient or responsible party refused to adhere to his or her primary insurance requirements.

Eligibility for financial assistance is determined on a case-by-case basis. If a patient is approved for financial assistance under this Policy, such eligibility shall not exceed six months commencing on the day Apex notifies the patient in writing.

### **Specific Financial Assistance Available Under This Policy**

A patient who is determined to be entitled to financial assistance for medically necessary care under this Policy will not be charged more for services than the amount generally billed by Apex for such medically necessary care. That is, for eligible patients with incomes at or below 300% of the FPL, medical charges will not exceed the higher of the amount that would be paid to Apex for the same services by Medicaid, Medicare, or Apex's highest volume payor.

Under this Policy, for eligible patients with incomes at or below 100% of the FPL, will receive a 100% discount from medical charges for medically necessary care.

Eligible patients with incomes from 101% of the FPL to 150% of the FPL will receive an 80% discount from medical charges for medically necessary care.

Eligible patients with incomes from 151% of the FPL to 250% of the FPL will receive a 60% discount from medical charges for medically necessary care.

Eligible patients with incomes from 251% of the FPL to 300% of the FPL will receive a 40% discount from medical charges for medically necessary care.

2017 Federal Poverty Level (FPL) Guidelines

Household Size	100%	150%	200%	250%	300%
1	\$11,880	\$17,820	\$23,760	\$29,700	\$35,640
2	\$16,020	\$24,030	\$32,040	\$40,050	\$48,060
3	\$20,160	\$30,240	\$40,320	\$50,400	\$60,480
4	\$24,300	\$36,450	\$48,600	\$60,750	\$72,900
5	\$28,440	\$42,660	\$56,880	\$71,100	\$85,320
6	\$32,580	\$48,870	\$65,160	\$81,450	\$97,740
7	\$36,730	\$55,095	\$73,460	\$91,825	\$110,190
8	\$40,890	\$61,335	\$81,780	\$102,225	\$122,670

### **How to Apply for Financial Assistance**

Patients may apply for financial assistance by requesting an application form at the registration desk and submitting a complete application. Patients applying for financial assistance must do so no later than the 120<sup>th</sup> day after the first post-discharge billing statement is provided to the patient.

Patients must submit an application no later than thirty (30) days after receiving the application form.

Patients will be required to provide the following documentation with their application:

- Proof of address;
- Proof of identity;
- Current financial management as evidenced by income verification (wages, disability benefits, compensation benefits, etc.) for the past three months;
- Proof of dependents (if claimed); and

- Proof of child support and/or spousal maintenance (if claimed).

The New York State Department of Health Self-Declaration of Income form may be accepted only if the documentation above is not obtainable.

If Apex believes that a patient may be eligible for Medicaid or other public insurance, Apex may require the patient to cooperate in applying for such coverage as a condition of applying for financial assistance under this Policy.

Once a patient has submitted an application, he or she may disregard bills from Apex until Apex has rendered a written decision on the application. Apex will not forward the patient's accounts to collection while an application is pending.

If Apex is unable to make a determination based on incomplete information the patient has provided, Apex will send a letter to the patient advising the application is pending until complete information and/or documentation is received. An application will not be considered complete unless and until Apex receives all the information and documentation requested.

Apex will notify patients in writing of the approval or denial of their application within thirty (30) days of Apex's receipt of the complete application.

Notifications approving financial assistance will include a detailed explanation of what the patient does or will owe and how the amount was derived from an application of Apex's financial aid policy to the patient's particular situation.

### **Appeals of Eligibility Determinations**

A patient has the right to appeal decisions regarding financial assistance within thirty (30) days of notification of non-eligibility.

Written instructions describing how to appeal a denial or other adverse determination and contact information for the New York State Department of Health are included with an adverse determination or denial regarding an application.

Apex will issue an appeal decision within ten (10) business days of receipt of a patient appeal (i.e., after receipt of letter or an in-person appeal).

### **Collection Practices**

Apex will not forward the patient's accounts to collection while an application is pending. Apex will not commence collections against a patient who was eligible for Medicaid at the time medically necessary services were provided. Apex will instruct any contracted collections agencies to comply with this Policy and to obtain Apex's written consent before commencing a legal action against a patient. Apex will not force the sale or foreclosure of a patient's primary residence to collect on an outstanding bill.