



## Policy 12.37

### **Financial Hardship**

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It is the policy of Neuroversion that patients experiencing financial hardship may apply for a discount or waiver of the patient's financial responsibility (e.g., full payment if self-insured, or copayment, coinsurance, and/or unmet deductible if insured). Whether such a discount or waiver is granted shall be based on an individual assessment of the patient's financial circumstances, and an assessment of the Practice's legal and contractual obligations to the third-party payers.

#### PROCEDURES

1. Neuroversion does not advertise its financial hardship discount program, nor does it routinely offer discounts or waivers to patients.
2. Neuroversion determines whether the patient is a beneficiary of a private third-party payer plan. If appropriate, Neuroversion determines whether its agreement with the payer prohibits a financial hardship waiver or discount.
3. To be considered for a discretionary discount or waiver, individualized documentation of financial hardship must be included in the patient's medical record along with a supporting note in the patient's financial account. The documentation needed to apply for a financial hardship discount or waiver is listed below:
  - a. A completed Patient Financial Assessment Form
  - b. One or more of the following:
    - i. Documented proof that a patient is at or below [x] percent of the current federal poverty guidelines as published annually by the U.S. Department of Health and Human Services. Documented proof may include documents such as W-2, withholding statements, unemployment check stubs, paycheck stubs, income tax return (1040), forms from Medicaid or other state-funded medical assistance, forms from employers, and/or welfare or community agencies.
    - ii. Documentation that a patient has other circumstances that indicate a financial hardship, which may include, but not be limited to, proof of bankruptcy settlement, catastrophic situation (e.g., death or disability in family), or another documentation that shows that the patient would be unable to pay medical bills and still be able to pay for other basic



necessary expenses. The CEO or designee is responsible for considering the grant or denial of hardship status under the circumstances on a case-by-case basis. Documentation must be submitted for review.

- c. Income shall be annualized from the date of request based on the documentation provided and upon verbal information provided by the patient. The annualization also takes into consideration seasonal employment and temporary increases and/or decreases to income.
4. Financial hardship discounts of waivers for Medicare beneficiaries shall be applied only to the co-insurance or deductible amounts owed by the patient. Financial hardship discounts for Medicaid beneficiaries shall be determined in accordance with applicable state law.
5. Any denial of the financial hardship discount or waiver request is documented and includes instructions for reconsideration. If additional documentation is received to support the financial hardship, the request is reviewed and consider per the above guidelines. The decision of the CEO or designee is final.
6. All information relating to financial hardship requests is kept confidential, except insofar as required by law.