



HOOD MEMORIAL HOSPITAL

Hood Memorial Hospital
301 Walnut Street
Amite, LA 70422
Title: Charity Program

Business Office Policy and Procedure
Financial Assistance Program

Origination Date: 12/05/2004
Effective Date: 01/01/2021

PURPOSE: To provide Financial Assistance guidance in identifying and qualifying patients/guarantors in need of financial assistance through the Hood Memorial Hospital Charity Care Program.

POLICY: Hood Memorial Hospital will provide financial assistance to patients who are financially unable to pay their bill by screening them for possible eligibility of financial assistance. The federal poverty level will be used to determine if a patient qualifies for assistance.

1. Uninsured patients screened and determined to be unable to meet qualifications for our payment plan or unable to qualify for Medicaid.
2. Patients who have insurance and are unable to pay deductible, co-insurance, and/or non-covered services.
3. Patients who are eligible for Medicaid and other indigent care and who cannot pay non-covered services and charges for days exceeding a length of stay limit.

PROCEDURE:

1. The patient will receive a financial assistance package upon request.
2. Hood Memorial Hospital will review patients/guarantors request for possible eligibility for financial assistance or complete the application in-person with patient/guarantor. However, the patient/guarantor does not need to be present to complete the application. The application can be completed verbally over the phone.
3. Required Financial Documentation is one of the following:
 - Most recent U. S. Income Tax Return /1099
 - Copy of Social Security Approval Letter
4. The patient/guarantor may present the Medicaid Application Denial Letter.
5. The qualifications for Charity Care discount eligibility are determined by reviewing the federal poverty level guidelines for the following criteria:

- Any patient/guarantor whose income are below 300% of the Poverty Guidelines for the 48 Contiguous States and the District of Columbia as published in the Federal Register are eligible for a discount based on the tier for which they qualify.
 - Income is determined by using the monthly amount in the Social Security Approval Letter or the Gross Income amount from the most recent U. S. Income Tax Return.
6. Those patients who meet the charity guidelines will have the account balances or a percentage of the balance adjusted as “charity care” using the adjustment code for Financial Assistance Adjustment and following the guidelines below:
 - All current AR accounts.
 - Any account turned over to an outside Collection Agency
 - All adjustments must be reviewed by Business Office Director and approved by Chief Financial Officer.
 7. Hood Memorial Hospital reserves the right to change benefit determination based on an analysis of the complete application.
 8. Falsification of the application or refusal to cooperate will result in a denial of the charity care.
 9. Hood Memorial Hospital will recognize a deceased patient account as charity care with the following documentation provided by the family or power of attorney.
 - Death Certificate
 - Notarized Statement of No Estate
 10. This policy only covers medical services rendered by Hood Memorial Hospital or Amite Rural Health Clinic. It does not cover medical services rendered by any other providers, which include C&M Medical Services, Baton Rouge Radiology Clinic, Internal Medicine Clinic, Northlake Pulmonary, Remote Cardiac Services, Baton Rouge Cardiology Clinic.

Hood Memorial Hospital					
Financial Hardship Policy (FHP)					
Discounted/Sliding Fee Schedule					
(Based on 2021 Poverty Guidelines)					
Size of Family	Poverty Guidelines	150%	200%	250%	300%
1	\$12,880	\$19,320	\$25,760	\$32,200	\$38,640
2	\$17,420	\$26,130	\$34,840	\$43,550	\$52,260
3	\$21,960	\$32,940	\$43,920	\$54,900	\$65,880
4	\$26,500	\$39,750	\$53,000	\$66,250	\$79,500
5	\$31,040	\$46,560	\$62,080	\$77,600	\$93,120
6	\$35,580	\$53,370	\$71,160	\$88,950	\$106,740
7	\$40,120	\$60,180	\$80,240	\$100,300	\$120,360
8	\$44,660	\$66,990	\$89,320	\$111,650	\$133,980
	100%	75%	50%	25%	15%

HOOD MEMORIAL HOSPITAL
INDEPENDENT HEALTHCARE PROFESSIONALS

You may receive a bill from the independent healthcare professionals listed below, for services rendered at Hood Memorial Hospital as their services are not covered under Hood Memorial Hospital's financial assistance policy

Baton Rouge Cardiology Clinic- ECHO/Holter Monitor/EKG
5231 Brittany Drive
Baton Rouge, Louisiana 70808
225-769-0933

NorthLake Pulmonary – Pulmonary Function Studies
1203 South Tyler Street
Covington, Louisiana 70433
985-892-9143

Remote Cardiac Services – Holter Monitor Scanning Analysis
535 Route 38 Suite 500
Cherry Hill, New Jersey 08002
800-242-7137

Dr Crapanzano – Pediatric EKG
7777 Hennessy Boulevard #103
Baton Rouge, Louisiana 70808
225-767-6700

Baton Rouge Radiology Group – Professional Radiology Services
7887 Picardy Avenue
Baton Rouge, Louisiana 70809
877-406-2916

Internal Medicine Clinic – Professional Wound Care Services
42388 Pelican Professional Park
Hammond, Louisiana 70403
985-542-6251

Pathology Group of Louisiana – Tissue Specimen
5339 O'Donovan Drive
Baton Rouge, Louisiana 70808
225-766-1090

C & M Medical Services- ER Physician Fee
Dept 0546
P O Box 120546
Dallas, Tx 75312-0546
877-342-7261