



NORTHSIDE HOSPITAL

March 9, 2017

RE:

Dear _____,

Attached is an application for our Financial Assistance Program, as well as a copy of Northside's Financial Assistance Policy. Our Financial Assistance Program is based on gross household income. Gross household income includes your total income for the previous twelve (12) months, which includes, for example, all earnings/wages, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, pension or retirement income, alimony and child support.

Please send this completed application along with proof of income and all expenses to the address below.

Northside Hospital Business Office
1100 Johnson Ferry Road Suite 780
Atlanta, Georgia 30342
Attention: Financial Assistance

Thank you for your immediate attention to this matter. If you have any questions, please feel free to contact us at (404) 851-6500 between 9:00 AM and 4:00 PM, Monday through Friday.

Sincerely,

Financial Assistance Counselor
Business Office
Northside Hospital

In order to be considered for Financial Assistance, the enclosed forms must be completed and returned with all supporting documentation within 10 days of receipt. Please allow 30-60 days for processing.

NORTHSIDE HOSPITAL – FINANCIAL ASSISTANCE APPLICATION
*****ACCOUNT BALANCES GREATER THAN \$5,000*****

MEDICAL RECORD/ACCOUNT NUMBER: _____

PATIENT/GUARANTOR NAME: _____ D.O.B. _____

SPOUSE/PARTNER NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE: _____ ALT PH # _____

FAMILY INCOME DATA:

	List Number of Family Members In House Hold:	Monthly Income Per Family Member:
Single Individual	_____	_____
Husband/Partner	_____	_____
Wife/Partner	_____	_____
Children (under 18)	_____	_____
Other Dependents	_____	_____
Total:	_____	_____

OTHER INCOME:

	List Monthly Income Amount
Alimony/ Child Support	_____
Social Security/ Pension	_____
Public Assist / Food Stamps	_____
Unemployment/Workers Comp.	_____
Other Sources (specify)	_____
Total Income	_____

MONTHLY EXPENSES:

	Payment Amount
Rent or Mortgage (Primary and Secondary)	_____
Utilities Standard Deduction (Electric, Gas, Water)	_____
Health Insurance/Life Insurance	_____
Medical Bills (Non Northside Hospital)/Pharmacy Report	_____
Child Care/ Adult Care	_____
Government Tax Payments	_____

The undersigned hereby acknowledges the information in this statement to be true and correct to the best of my (our) knowledge. Please note that all applications for financial assistance are subject to verification of employment, obtaining credit bureau reports, other verification process or resources which may be necessary in order to substantiate your financial status.

RESPONSIBLE PARTY'S SIGNATURE

SPOUSE'S/PARTNER SIGNATURE

IN ORDER TO BE CONSIDERED YOUR APPLICATION MUST BE RETURNED WITHIN 10 DAYS OF RECEIPT

PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE PROCESSED OR CONSIDERED WITHOUT THE FOLLOWING:

1) PROOF OF INCOME – PLEASE BLACKEN OUT YOUR SOCIAL SECURITY NUMBER ON ANY FORMS SUBMITTED.

Please provide one of the following:

1. Most recent bank statements for personal and business checking and savings accounts
2. Recent pay stub
3. Current year W-2 form
4. Written verification of wage from employer
5. Written verification from public welfare agencies or other government agencies which can attest to the Patients Gross Income status for the past 12 months
6. Social Security Award Letter
7. Verification of Pension or Retirement Income
8. Alimony and/or Child Support Court Order or Divorce Decree
9. Unemployment Income Notice
10. State of Georgia separation notice and status of unemployment filing
11. Notarized Letter of Support: If the Patient has no Gross Income he or she should provide written documentation from person(s) or entities who provide him or her daily living necessities (food, shelter, clothing)
12. Patients seeking assistance due to Medical Indigency may need to submit evidence of Assets
13. Verification of student status which is defined as a copy of current class schedule, registration information and a copy of the student photo ID

IF YOU HAVE NO INCOME OR OTHER MEANS OF SUPPORT, PLEASE PROVIDE LETTER OR DOCUMENT FROM PERSON(S), OR ENTITY PROVIDING YOUR PRIMARY SOURCE OF SUPPORT FOR NECESSARY LIVING EXPENSES.

2) COPIES OF RENT/MORTGAGE, HEALTH INSURANCE, MEDICAL BILLS/PHARMACY REPORT, AND CHILD CARE. PLEASE ATTACH PROOF/COPY OF STATEMENT FOR ALL EXPENSES LISTED ABOVE. YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS DOCUMENTATION.

DO NOT INCLUDE ANY ITEMS THAT ARE DEDUCTED FROM YOUR PAYCHECK

FOR ANY ADDITIONAL NOTES OR COMMENTS ATTACH A LETTER.



NORTHSIDE HOSPITAL

FINANCIAL ASSISTANCE PROGRAM POLICY

Northside Hospital, Inc. and its tax-exempt affiliates (“Northside”) are committed to fulfilling their charitable mission as a not-for-profit health care provider. Uninsured, underinsured and medically indigent patients having limited or inadequate resources to pay for health care services rendered at a Northside Hospital Facility may be eligible for full or partial financial assistance through Northside’s Financial Assistance Program.

1. **Financial Assistance is Available for Medically Necessary Services.** Financial assistance may be available to patients who received emergency or medically necessary health care services at Northside. Medically necessary services are inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms which, if otherwise left untreated, would pose a threat to the patient’s ongoing health or well-being. Each request for financial assistance will be reviewed independently and allowances may be made for extenuating circumstances on a case-by-case basis.
2. **Financial Assistance Eligibility Determination Process.** To be considered for a discount under Northside’s Financial Assistance Program, a patient may be screened verbally prior to admission over the phone or in the emergency department, or a patient must complete Northside’s Financial Assistance Application, attached here and available at <http://www.northside.com/billingandcollections>, and provide Northside with financial and other information necessary to support a patient’s eligibility for financial assistance. Patients may be asked to provide, if applicable:

Note: Patients will be asked to manually redact their SSN on any copy of supporting documentation. If personnel receive copies of supporting documentation that contain patients’ SSN, they will black out the SSN.

- Most recent bank statements for personal and business checking and savings accounts
- Recent pay stub(s) with validation of pay frequency
- Current year W-2 form and/or recent year tax return
- Written verification of wage from employer
- Written verification from public welfare agencies or other government agencies which can attest to the Patients Gross Income status for the past 12 months
- Social Security Award Letter
- Verification of Pension or Retirement Income
- Alimony and/or Child Support Court Order or Divorce Decree
- Unemployment Income Notice
- State of Georgia separation notice and status of unemployment filing
- Notarized Letter of Support: If the Patient has no Gross Income he or she should provide written documentation from person(s) or entities who provide him or her daily living necessities (food, shelter, clothing)
- Verification of student status which is defined as a copy of current class schedule, registration information and a copy of the student photo ID
- Monthly expenses (e.g., utilities, auto payment, insurance, loans, credit cards)

- Patients seeking assistance due to medical indigency may need to submit evidence of assets

After receiving a patient's application for financial assistance and supporting financial information or other documentation needed to determine eligibility for assistance, Northside will provide written notification regarding the determination within thirty (30) to sixty (60) days of receiving the request. Incomplete applications will be denied and a letter indicating what information is missing will be sent to the applicant. Upon receipt of the missing information, Northside will reconsider the application. Applicants may appeal denials of financial assistance by submitting an appeal request in writing. An appeal form will be included with the letter denying financial assistance.

Northside will offer financial assistance adjustments to patients who meet the established Financial Assistance Program guidelines and have completed the appropriate application. Additionally, Northside may discuss with patients the availability of government or other assistance programs as appropriate and assist patients in evaluating their eligibility for such programs.

Northside uses a sliding scale to determine a patient's eligibility for financial assistance. Specifically, patients with annual household incomes at or below 125 percent of the Federal Poverty Income Level may qualify to receive free care. Patients with annual incomes between 126 and 250 percent of the Federal Poverty Income Level may receive discounted care depending on the sliding scale and whether they meet Northside's Financial Assistance Program guidelines. Income, assets, debt and expenses will be evaluated for financial assistance approval. Patients who are insured or have a third party liability claim are only eligible to apply for financial assistance in the event they have a remaining balance after all payment resources are exhausted. Additionally, Northside may make adjustments for medically indigent patients, whose medical or hospital bills from all related and unrelated health care providers, after payment by all third-party sources, would cause the Patient significant financial hardship.

Additionally, in certain instances, Northside may utilize a third-party to help identify patients that qualify for financial assistance based on publicly available patient information (e.g., participation in state-funded prescription programs, participation in the Women, Infants and Children (WIC) program, participation in the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), subsidized school lunch program eligibility, or eligibility for other state or local assistance programs). Patients identified as eligible to receive financial assistance by a third-party will not be required to complete the Financial Assistance Application.

All financial assistance approvals will continue to be valid for six (6) months, unless a change in the patient's circumstances would void their eligibility. Additionally, Northside may request information to confirm that a patient's financial circumstances continue to meet the Financial Assistance Program guidelines.

Please note that Northside will treat all applications, supporting documentation, communications and information obtained by third-parties with the highest regard for patient confidentiality.

3. **Amounts Generally Billed.** Northside does not charge any patient that qualifies for financial assistance more than Amounts Generally Billed ("AGB").

- AGB is calculated by multiplying the full price for medical care that is uniformly applied for services, before contractual discounts or deductions (“Gross Charges”), by the AGB percentage.
- The AGB percentage is calculated by dividing (i) the sum of claims paid in full for emergency and other medically necessary care for Medicare Fee-For-Service and all primary payer private health insurers for the prior 12-month period by (ii) the sum of the associated Gross Charges for these claims.
- Northside’s current AGB percentage is 32%. Accordingly, if a patient qualifies for financial assistance for services received at a Northside facility, the most the patient will be charged is 32% of Gross Charges (e.g., if a patient’s Gross Charges are \$10,000, the most the patient will be charged for these services is \$3,200).

4. **Billing and Collections.** If a patient is responsible for all or part of the cost of services received at a Northside facility, Northside will attempt to bill and collect from the patient.

- If after 120 days a patient has not made a payment on a bill, Northside will refer the patient’s account to a primary collections agency.
- The primary collections agency will subsequently attempt to collect payment from the patient. During this process, the primary collections agency will analyze a patient’s assets and ability to pay and recommend to Northside whether legal proceedings to collect for the services should be taken. Northside will evaluate this recommendation and depending on the circumstances, may initiate legal proceedings to collect for the services rendered.
- If the primary collections agency is unable to collect from the patient after sixty (60) days and legal proceedings are not recommended, the primary collections agency will refer the account to a secondary collections agency.
- The secondary collections agency will attempt to collect on the account.
- If the secondary collections agency is unable to collect on the account, the account will be referred back to Northside, at which point no further action will be taken.

5. **Northside Providers not Subject to the FAP.** Certain services provided at a Northside facility by a physician, physician assistant, nurse anesthetist or other professionals are not covered under Northside’s FAP. Specifically, services provided in the following departments by the following providers, are not covered by the Financial Assistance Program:

- Anesthesia Services provided by Northside Anesthesia (Sentinel) or Northside Cherokee Anesthesia Associates
- Emergency Department Services provided by Emergency Department Physician Services or Cherokee Emergency Services LLC
- Pathology Department Services provided by Pathology & Lab Medicine (PALM)
- Radiology Department Services provided by Northside Radiology Associates
- Neonatal or Perinatal Services provided by Neonatology (Pediatrix) or Atlanta Perinatal Consultants
- Psychiatric Services provided by Neuropsychiatric Consultants

6. **Additional Information Regarding Northside’s Financial Assistance Program.** Northside will widely distribute this policy to the public by posting a copy on Northside’s website and posting a copy in Northside’s Emergency Department, registration areas and outpatient locations. Northside will also include a reference to the link on the website where

the policy and application can be found in the pre-admission welcome letter. Additionally, Northside's Financial Assistance Application and appeal form may be obtained by:

- Requesting a copy from the Financial Counseling Department located in the Main Admissions Office at all three hospital campuses.
- Obtaining a copy from Northside's website at <http://www.northside.com/billingandcollections>
- Contacting or visiting one of Northside's Financial Counseling Offices between the hours of 9:00am and 4:00pm, Monday through Friday:
 - Atlanta Financial Counseling Office – (404) 851-8589, located at 1000 Johnson Ferry Road, Atlanta, Georgia 30342
 - Forsyth Financial Counseling Office – (770) 844-3246, located at 1200 Northside Forsyth Drive, Cumming, Georgia 30041
 - Cherokee Financial Counseling Office – (770) 720-5484, located at 201 Hospital Road, Canton, Georgia 30114
- All completed Financial Assistance Applications should be mailed to the following address:

Northside Hospital Business Office
Attention: Financial Assistance
1100 Johnson Ferry Road, Suite 780
Atlanta, Georgia 30342