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### BOCA RATON REGIONAL HOSPITAL BUSINESS OFFICE POLICY MANUAL

**POLICY #:** [40180101](#)
**FUNCTION:** [Finance](#)
**POLICY TITLE:** [Financial Assistance Policy](#)

APPROVED BY	NAME	DATE
<a href="#">Executive Director</a>	<a href="#">Reyes, Gene</a>	<a href="#">10/30/2017</a>
<a href="#">Chief Compliance Officer</a>	<a href="#">Matthews-Martin, Mary</a>	<a href="#">12/14/2017</a>
<a href="#">Chief Financial Officer</a>	<a href="#">Javersack, Dawn</a>	<a href="#">12/26/2017</a>
<a href="#">Audit Compliance Legal Committee</a>		<a href="#">9/26/2017</a>
<a href="#">Board Finance Committee</a>		<a href="#">9/26/2017</a>

**POLICY OWNER:** [Reyes, Gene - Executive Director](#)
**EFFECTIVE DATE:** [7/1/2016](#)
**LAST REVIEW DATE:**
**LAST REVISED DATE:** [10/30/2017](#)
**NEXT REVIEW DATE:** [10/30/2020](#)
**RESPONSIBLE PARTY:** [Business Office Exec Director](#)
**REFERENCES/SOURCE DOCUMENT:** [IRC §501\(r\)](#) ; [F.S. § 395.301](#)
**PURPOSE:**

To provide qualifying patients in need of financial assistance with an opportunity to reduce or resolve outstanding patient account balances resulting from certain healthcare services provided by Boca Raton Regional Hospital (BRRH).

**SCOPE:**

This policy applies to all qualifying patients of BRRH Corporation, Inc. The patients qualifying under this policy are those who have outstanding unpaid hospital patient account balances which are not billable or payable by other third party insurance carriers and which are not eligible for funding by any other governmental source. Please refer to Attachment A for covered and non-covered physicians.

**POLICY:**

By virtue of its exemption from federal and state taxes and as part of BRRH's mission to serve the health care needs of its patients, it is the policy of BRRH to provide a financial assistance program to hospital patients without regard to race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws. Financial assistance determination shall be based on indigence as defined by a percentage of the then current Federal Poverty Guidelines (FPG) or BRRH related catastrophic medical bills for patients who meet specified financial criteria, request such assistance and/or are deemed eligible according to the guidelines within this policy.

Patients/guarantors are required to cooperate with BRRH or its appointed agents to secure payment from programs for which they may be eligible. Patients/guarantors refusing or failing to pursue viable payment options which may be available to cover their medical bills will jeopardize their ability to participate in the BRRH financial assistance program. In the event patients/guarantors refuse or fail to pursue other available viable funding options, full collection efforts shall be undertaken by BRRH in order to resolve the hospital bill.

**I. Definitions**

“AGB” means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

“BRRH” means Boca Raton Regional Hospital.

“EMTALA” means the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.

“FAP” means Financial Assistance Policy.

“FPG” means Federal Poverty Guidelines.

“PBCHCD” means Palm Beach County Health Care District.

“PEDSV” means Presumptive Eligibility Demographic Data Screening Vendor

“QUALIFYING DOLLARS” means, with regard to all eligible services described in Section III and IV herein (“Eligible Services” and “Types of Financial Assistance and Eligibility Criteria”), the patient-responsible amount after application of the BRRH 75% uninsured discount or the remaining balance, if insured. It excludes balances owed to any and all physicians as well as balances pending litigation or probate outcome.

“SOC” means the Share of Cost requirements under the Medicaid Medically Needy Program (a Medicaid program for people who have too much income, or assets are over the limits for Medicaid, which is sometimes also referred to as the “share of cost” program).

“UNINSURED DISCOUNT” means the discount automatically applied under the BRRH Uninsured Discount Policy. BRRH applies a 75% uninsured discount off gross charges to all uninsured patients of BRRH having their primary residence within the United States which covers all bills for medically necessary hospital institutional services rendered by BRRH.

**II. Commitment to Provide Emergency Medical Care**

BRRH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. BRRH will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all BRRH patients in a non-discriminatory manner, pursuant to BRRH's EMTALA policy.

### **III. Eligible Services**

This policy applies only to charges for emergency or other medically necessary services provided by BRRH. All hospital services are eligible for inclusion in this policy with the exception of cosmetic surgery or any other elective service deemed not medically necessary. Private room difference charges are also excluded under this policy unless medically necessary. Attached to this policy as **Attachment A** is a list of all providers, in addition to BRRH itself, delivering emergency or other medically necessary care at BRRH that specifies which providers are covered by this policy and which are not covered.

**IV. Types of Financial Assistance and Eligibility Criteria**

In addition to a 75% Uninsured Discount which is automatically applied for every uninsured U.S. resident patient, BRRH offers the following financial assistance to assist patients who meet the additional criteria described herein.

<b>General Qualifications:</b>			
<p>1. Patient must be a Resident of Palm Beach County, unless there is a qualifying ED Visit (may include <b>related</b> follow up care <b>ONLY</b>) or if a recurring treatment was initiated.</p> <p>2. Excludes patients with 3<sup>rd</sup> Party Liability such as Workmen’s Compensation and Motor Vehicle Accidents (MVA)</p> <p><u>How do I apply for BRRH’s FAP:</u> In lieu of a FAP Application, patients that wish to apply for Charity Care (BRRH’s Financial Assistance Program) are instructed to contact BRRH as noted in the Hospital Contact Information section of this policy.</p>			
<b>Type of Financial Assistance</b>	<b>Eligibility</b>	<b>Discount and Amount Due</b>	<b>Timeframe Approved</b>
<p><b><u>Non Catastrophic</u></b></p> <p><b><u>100% (1)</u></b></p>	<p>Meets all other applications criteria and:</p> <p>Family household income total <b>is &lt; or = to 200% of the FPG</b> in effect at the time of the most recent service</p>	<p><b><u>Discount:</u></b></p> <p>100% write-off of Qualifying Dollars</p>	<p>Active AR Patient Balances retroactively back to the beginning of the current calendar year and forward to the end of the current Calendar Year.</p> <p>Note: As always, inpatient stays and high dollar outpatient cases should be screened for Medicaid.</p>
<p><b><u>Non Catastrophic</u></b></p> <p><b><u>50% (1)</u></b></p>	<p>Meets all other applications criteria and:</p> <p>Family household income total <b>ranges from 201% and 300% of the FPG</b> in effect at the time of the most recent service</p>	<p><b><u>Discount:</u></b></p> <p>50% write-off of Qualifying Dollar</p>	<p>Same as above</p>
<p><b><u>Catastrophic Approval</u></b></p> <p><b><u>75%</u></b></p> <p>(Note: Estimated Volume 1-3 pts/Qtr)</p>	<p>Amount owed by the patient for BRRH <b>medical Bills exceeds patient’s family household annual income by 25% or greater AND the patient earned between 300% and 600% of FPG</b> in effect at the time of the most recent service</p> <p><b>Note: FAP Application Required</b></p>	<p><b><u>Discount:</u></b></p> <p>75% write-off of Qualifying Dollars</p>	<p>Only Balances Already Incurred</p> <p>Exception: Recurring Services (chemotherapy, radiation therapy, physical therapy, etc.)</p> <p>For the current calendar year</p> <p>Note: As always, inpatient stays and high dollar outpatient cases should be screened for Medicaid.</p>
<p><b>(1) Determination can be made by Presumptive Eligibility Demographic Screening Vendor (PEDSV) or a FAP Application, if needed.</b></p>			
	<b>Eligibility</b>		<b>Timeframe Approved</b>

Type of Financial Assistance		Discount and Amount Due	
<b>Automatic Approvals</b>	<b>For Uninsured Patients, prior to Bad Debt, run a Presumptive Eligibility Demographic Data Screening Vendor (PEDSV) Batch File - presumptive eligibility financial assistance write-off based on household family size and household family income as compared to FPG.</b>	<b>Discount:</b> Applicable write-off of Qualifying Dollars based on Non Catastrophic	<b>ONLY Balances Ran in the Batch File</b>  This batch run is performed on accounts with unpaid patient balances returned from Self Pay Early Out Vendor and prior to referral to the collection agencies/bad debt.
	<b>FAU Residency Program</b>	<b>Discount:</b> 100% write-off of Qualifying Dollars	<b>Only Balances Already Incurred for the current calendar year</b>
	<b>Deceased Patients</b>	<b>Discount:</b> 100% write-off of Qualifying Dollars	<b>Only Balances Already Incurred</b>  Deceased patients without an estate for payment or uncooperative/or no family to assist with assistance process.
	<b>Bankruptcy Notifications</b>	<b>Discount:</b> 100% write-off of Qualifying Dollars	<b>Only Balances Already Incurred</b>  Notice of bankruptcy and associated dates of service may qualify the patient for financial assistance
	<b>Active Florida or Out of State Medicaid (Not automatic for share of cost)</b>	<b>Discount:</b> 100% write-off of Qualifying Dollars	<b>Only Balances Already Incurred</b> and after any Medicaid Payment or Denial back to six (6) full calendar months prior to the Medicaid eligibility date.
	<b>PBCHCD-- Coverage</b>	<b>Discount:</b> 100% write-off of Qualifying Dollars	<b>Only Balances Already Incurred</b> and after any PBCHCD Payment or Denial back to six (6) full calendar months prior to the PBCHCD eligibility date.
	<b>Any governmental program where the program has deemed the patient indigent (e.g. Project Access through the Florida Department of Health, Medicaid 's Needy (SOC) program)</b>	<b>Discount:</b> 100% write-off of Qualifying Dollars	Same as Active Florida and Out of State Medicaid.





## **V. Basis for Calculating Amounts Charged to Patients**

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. BRRH uses the Prospective Medicare Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process BRRH would use if the FAP-eligible individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount BRRH determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles).

BRRH does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

## **VI. Who May Apply for Financial Assistance?**

### a. General Requirements

- i. Any **uninsured and under-insured** patient may apply for financial assistance provided the total Qualifying Dollars owed BRRH for eligible dates of service is greater than \$500.00.
- ii. Any patient who meets all Palm Beach County residency eligibility requirements herein and whose BRRH medical services are pending may inquire or submit an application for consideration if expected BRRH balance will exceed i) above.
- iii. Medicaid Medically Needy (SOC) Program eligible patients who have not met their monthly SOC requirements for the month may apply for financial assistance provided they meet all other requirements of this policy. If approved, the approval will apply to the account(s) for that respective SOC month only.

### b. Residency Requirements

- i. A patient's U.S. Residency/Legal Status is not a factor for consideration on the FAP application for balances owed BRRH.
- ii. For cases not originating in the Emergency Department, proof of Palm Beach County residence is required for approval.
- iii. The BRRH FAP is not offered to non-residents of Palm Beach County for non-emergent services. These patients will be referred to their respective county of residence for non-emergent medical care. However, if the episode of care, of a non-Palm Beach County resident, originated in the BRRH Emergency Department, the out of county patient is eligible to be considered for the BRRH FAP for that specific Emergency Department visit as well as any in-house stay resulting from that Emergency visit.

### c. Income Inclusion for Financial Assistance Eligibility Determination

When determining financial assistance eligibility, income from the following individuals will be included (including possible credit background check) when calculating "Family Household Income" for comparison with FPG:

- i. Patient
- ii. Parents of Minor (age is less than 18) unless the minor is emancipated
- iii. Parents if patient is 18 or older and declared as a dependent
- iv. Spouse or Significant other, if member of household



- v. Parents, if member of household
- vi. Children, if member of household

#### **VII. Covered Period for Financial Assistance Approvals**

a. Approved coverage may be terminated by BRRH based on new information noted by BRRH including, but not limited to:

- i. Changes to recent income
- ii. Marital status
- iii. Residence
- iv. Dependent status
- v. Health insurance coverage
- vi. Disability status

b. Approved coverage may be revoked if it is discovered that the approval resulted from false, misleading or omitted information.

c. Re-Certification: At the end of the approved covered service period, patients will be required to begin the full application process again including the requirement to be screened for potential Medicaid and/or PBCHCD coverage. Patients may re-apply for re-certification no sooner than 30 days prior to the current coverage termination date.

#### **VIII. Reasons for Denial (list is not all-inclusive)**

- a. Lying on application
- b. Reported expenses exceed reported income
- c. Residence requirement
- d. Over income versus FPG / BRRH policy limits
- e. Insufficient documentation
- f. Unresponsive - failure to cooperate with application requirements
- g. Patient was eligible for state/county funding but failed to cooperate
- h. Patient has access to cash to pay medical bills as identified by the credit report or other documentation provided by the patient.
- i. Financial circumstances indicating non-indigence, subject to discretion of the BRRH

Charity Care Committee determined denial reasons:

- If applicant (including household family members) has access to documented cash (bank account, savings account, etc.) exceeding the total balance owed to BRRH of the total balance estimated to be owed to BRRH over the course of the coming year for chronic conditions requiring recurring services, the application will be denied.
- Ownership of multiple properties other than primary residence.
- Documented equity exceeding \$100,000 excluding primary residence.
- Ownership of multiple vehicles, not including primary mode of transportation including multiple cars, boats, motorcycles, planes, trucks, etc.
- BRRH determines maximum financial assistance dollars have been granted.

#### **IX. When may an Applicant Re-Apply?**

a. If an application is denied for income:

- May re-apply a minimum of ninety (90) days after the date of the initial denial if a proven change in income status occurs, or if hospital account balances grow to meet or exceed the catastrophic clause, or if a change of permanent residence to Palm Beach County can be proven.

b. If an application is denied for lying on application:

- Not eligible to re-apply.

c. If an application is denied for reported expenses exceed income:

- May provide additional clarifying documentation, provided it was not deceptively omitted previously.
- Must be provided within thirty (30) days of receipt of denial letter.

d. If an application is denied for failure to cooperate/insufficient documentation:

- May provide required documentation within thirty (30) days of receipt of denial letter.

e. If an error is made by the approval committee, or by a representative of BRRH which resulted in an erroneous denial determination:

- May correct the error and be reconsidered anytime the error is brought to the attention of a member of the BRRH management team.

f. If an application is denied due to failure to comply with the Medicaid or PBCHCD Program, applicant may not be considered for financial assistance until all Medicaid and PBCHCD requirements have been met.

**X. Appealing a Denial; Charity Care Committee Discretion**

Applicants may appeal a financial assistance determination by stating their case in writing including all supporting documentation to the BRRH Charity Care Committee within 30 calendar days of the date of the decision notification letter. The applicant will be advised of their appeal rights within the body of the denial letter sent to the applicant. Appeal decisions will be communicated to the applicant within 45 days of receipt of appeal letter.

The Charity Care Committee may approve or deny any application exceptions to this policy on a case by case basis by simple majority silent vote.

Additionally, BRRH reserves the right to determine the maximum amount of financial assistance benefits granted in a given fiscal year.

**XI. Measures to Widely Publicize the Availability of Financial Assistance:**

BRRH implements various measures to widely publicize this FAP in communities served. Among other things, BRRH will publicize the existence of its financial assistance program to the community served by posting an English and Spanish copy of the FAP, FAP application, and a plain language summary of the FAP on its internet website. Furthermore, patient collection statements/bills will advise patients of the existence of the financial assistance program, and signage are posted at points of patient registration throughout the hospital (including emergency room and admissions areas) advising patients of the financial assistance program.

**XII. Payment Plans**

BRRH offers payment plans to those patients who do not qualify for a 100% write-off of their dollars owed to BRRH. The length of the payment plan is based on the dollars owed.

**XIII. Actions Taken in the Event of Nonpayment:**

Patients applying for financial assistance will continue to receive dunning statements and collection calls during the financial assistance application process until a final approval has been determined.

Information regarding the actions that BRRH may take in the event of nonpayment is described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from BRRH via the contact information listed below.

**XIV. Refunds:**

If BRRH determines that an individual is eligible for financial assistance, BRRH will refund to the individual any amount he or she has paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5.00 (or such other amount published in the Internal Revenue Bulletin).

**XV. Hospital Contact Information:**

Boca Raton Regional Hospital Customer Service

626 Glades Road

Boca Raton, FL 33486

Phone: 888-629-7686

Phone: 561-955-4007

Fax: 561-955-3466

Hours of Operation for walk-in visits or scheduled appointments: Monday through Friday from 8:30am - 4:30pm, except nationally recognized holidays.

Customer Service Phones are staffed Monday through Friday from 9:30am to 3:30pm except nationally recognized holidays.

Or visit [www.brrh.com](http://www.brrh.com) Click on the “Patient Financial Assistance” link.

**PROCEDURE:**

This policy is administered by the Patient Financial Services department of Boca Raton Regional Hospital

Attachment A: List of BRRH physician and other practitioner providers covered by this policy and other practitioner providers not covered by this policy

Attachment B: Financial Assistance Application

Attachment C: Plain Language Summary of Financial Assistance Policy

ATTACHMENTS
<a href="#"><u>Attachment A: List of BRRH physician and other practitioner providers covered</u></a>
<a href="#"><u>Attachment B: Financial Assistance Application</u></a>
<a href="#"><u>Attachment C: Plain Language Summary of Financial Assistance Policy</u></a>

## Attachment A

### Provider List

Physician providers of services at Boca Raton Regional Hospital (BRRH) are not required by law to abide by the financial assistance determinations resulting from the application of the Financial Assistance Policy (FAP) of BRRH. However, some physicians and physician groups have voluntarily agreed to do so.

As indicated in the Financial Assistance Policy (FAP) of BRRH, the following is a list of all physician providers, in addition to BRRH itself, delivering emergency or other medically necessary care at BRRH which specifies providers covered by the BRRH Financial Assistance Policy and providers not covered by the policy.

#### Physicians Providing Care at BRRH – **Covered by the BRRH Financial Assistance Policy (FAP)**

**E-Med LLP:** All Emergency Department physicians providing services to BRRH patients

**Boca Pathology Group:** All pathologist providing services to BRRH patients

**Boca Care Inc.:** [http://www.brrh.com/Our\\_Physicians\\_BocaCare.aspx](http://www.brrh.com/Our_Physicians_BocaCare.aspx)

**Sheridan Healthcorp:** Physicians providing anesthesia, pain management & maternity services

**Center for Hematology & Oncology LLC:** Physicians providing Hematology & Oncology services

**Radiation Oncology Group:** Physicians providing radiation oncology services

**Boca Radiology Group:** All radiologist providing services to BRRH patients

#### Physicians Providing Care at BRRH – **NOT covered by the BRRH financial assistance policy (FAP)**

Other physicians and physician groups providing services to patients of Boca Raton Regional Hospital and listed below may or may not provide some level of financial assistance to their patients. Please contact the respective physician offices directly for further information.

[http://www.brrh.com/physician\\_A-Z.aspx](http://www.brrh.com/physician_A-Z.aspx)

**Boca Raton Regional Hospital**

*Financial Assistance Program*

**Application Package**

## **Boca Raton Regional Hospital**

### *Financial Assistance Program Application Guide*

This guide will walk prospective, current or previous patients of Boca Raton Regional Hospital through the steps, forms and documentation that are required to apply for the Boca Raton Regional Hospital (BRRH) *Financial Assistance Program*. The program provides for a partial or complete write-off of the patient account balance of **uninsured and underinsured patients** provided the patient meets the criteria of the program. Eligibility for the program is available for the current calendar year, unless specified otherwise under special circumstances.

\*\* Please note that this program only involves the charges and associated billings of all emergent procedures and those procedures deemed medically necessary that are performed at Boca Raton Regional Hospital. Please refer to Attachment A of the Financial Assistance Policy for covered and non-covered physicians. Additionally, this policy does not apply to procedures classified as Plastic Surgery (cosmetic procedures).

Eligibility for the BRRH *Financial Assistance Program* is based on financial need at the time of application by assessing the patient's ability to pay using household income and assets. **Households with sufficient income and/or assets are expected to meet their financial responsibility for services provided by BRRH.**

The BRRH *Financial Assistance Program* is only available to residents of Palm Beach County, Florida. Applicants who reside outside of Palm Beach County, Florida may qualify for Emergency services only, including any inpatient stay resulting from that Emergency Visit.

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The following steps must be completed in order to ensure that we can properly determine your eligibility for the program.

**Step-1:** Patient must:

- Be evaluated by Med Assist (contracted vendor hired to evaluate patients for state and local assistance) for Medicaid eligibility. Patients will need to provide information about their income, citizenship, residence, assets and dependents. Med Assist can be reached at (561) 955-3662.
- **Or** apply or have applied to Medicaid and receive(d) written verification of approval or denial. Patients may apply for Medicaid assistance for up to 3-months from the date of service. [To complete an application or receive information contact Florida Medicaid at (561) 616-5255 or <http://www.fdhc.state.fl.us/Medicaid>]. If approval is obtained, then the patient is not eligible for BRRH

*Financial Assistance Program* benefits. If Medicaid eligibility is denied then proceed to **Step-2**.

**Step-2:** Patient must:

- Be evaluated by Med Assist (contracted vendor hired to evaluate patients for state and local assistance) for Healthcare District of Palm Beach County eligibility. Patients will need to provide information about their income, citizenship, residence, assets and dependents. Med Assist can be reached at (561) 955-3662.
- **Or** apply or have applied to Healthcare District of Palm Beach County (HCDPBC) or similar State or County assistance program and receive(d) written verification of approval or denial. Patients may apply for assistance for up to 120-days from the date of service. [To complete an application or receive information contact HCDPBC at (866) 930-0035 or <http://www.hcdpbc.org/>]. If approval is obtained, than the patient is not eligible for BRRH *Financial Assistance Program* benefits. If eligibility is denied than proceed to **Step-3**.

**Step-3:** Complete the application (Form-A) and sign it. If you do not fill out the application completely or present fraudulent information, your application will be sent back to you and you may not receive approval for the BRRH Financial Assistance Program.

- **Assessment of responsibility to pay: If after reviewing the individuals income, expenses and assets (per Form-A) it is deemed that there are “sufficient” resources available to cover the hospitals charges the application request will be denied. This applies even if the applicant meets criteria under the Poverty Level Guidelines.**

**Step-4:** Gather and copy the following documentation. By providing as much information as possible you will enable BRRH to better assess your eligibility for the program. A written **Notarized** explanation must be provided for all missing documents and failure to provide all of the requested information may result in a delay or denial of your application

- 1) Written verification of approval or denial from Medicaid, Healthcare District of Palm Beach County, or a similar State or County assistance program [Questions regarding these programs should be directed to (561) 955-3662]. In lieu of a formal denial, documentation by Med Assist of a screening interview and lack of eligibility will be sufficient.
- 2) Income tax returns (copy of Form 1040) for the past 2 years or a written statement documenting reasons why a tax return was not filed. If you did not file tax returns, then we need your two most recent W-2 forms, along with a signed Form-B (included in this packet).
- 3) Two most recent pay stubs from your employer



- 4) Documentation of unemployment or worker's compensation benefits (if applicable)
- 5) Copy of valid photo identification (for applicants over the age of 17)
- 6) Mortgage payment or Lease payment documentation
- 7) Utility and water bills
- 8) Telephone bill/cable bill
- 9) Other medical bills
- 10) Bank statements for the past 2-months
- 11) Vehicle Registration and loan information (if applicable)
- 12) Any other living expenses you have that would assist us in determining your monthly expenses

**Step-5:** Complete Form-C (BRRH *Financial Assistance Program* – Income Attestation)

**Step-6:** When you have completed forms A, B and C and gathered all the required documentation please make copies and send to:

Boca Raton Regional Hospital  
Attn: Patient Financial Services – Financial Assistance Program  
626 Meadows Road  
Boca Raton, FL 33486

After receiving the patient's application and any financial information or other documentation needed to determine eligibility, a hospital representative will notify the patient, in writing, of their eligibility determination. The hospital will also advise the patient of his or her responsibilities under the programs guidelines.

If you have any further questions, please call Patient Financial Services at (888) 629-7686.

Thank you for choosing Boca Raton Regional Hospital.

**Program Eligibility Requirements:**

<b>Type of Financial Assistance</b>	<b>Eligibility</b>	<b>Discount and Amount Due</b>
<p><b><u>Non Catastrophic</u></b></p> <p><b><u>100% (1)</u></b></p>	<p>Meets all other applications criteria and:</p> <p>Family household income total <b>is &lt; or = to 200% of the FPG</b> in effect at the time of the most recent service</p>	<p><b><u>Discount:</u></b></p> <p>100% write-off of Qualifying Dollars</p>
<p><b><u>Non Catastrophic</u></b></p> <p><b><u>50% (1)</u></b></p>	<p>Meets all other applications criteria and:</p> <p>Family household income total <b>ranges from 201% and 300% of the FPG</b> in effect at the time of the most recent service</p>	<p><b><u>Discount:</u></b></p> <p>50% write-off of Qualifying Dollar</p>
<p><b><u>Catastrophic Approval</u></b></p> <p><b><u>75%</u></b></p>	<p>Amount owed by the patient for BRRH <b>medical Bills exceeds patient's family household annual income by 25% or greater AND the patient earned between 300% and 600% of FPG</b> in effect at the time of the most recent service</p> <p><b>Note: FAP Application Required</b></p>	<p><b><u>Discount:</u></b></p> <p>75% write-off of Qualifying Dollars</p>

# FORM-A

## BRRH FINANCIAL ASSISTANCE PROGRAM APPLICATION

Name of Applicant: _____		Applicant's SS# _____ Spouse/Other's SS# _____
Name of Spouse/Other: _____	Home Phone #: _____	Marital Status: _____ Date of Birth: Applicant _____ Spouse/Other _____
Address: _____		Work Phone #: Applicant _____ Spouse/Other _____

Do you have children? Y or N      If yes, please list ages? \_\_\_\_\_  
*Optional: You do not have to answer, but it may aid in qualifying you for a federal or state assistance program such as Medicaid or Disability.*

Are you pregnant? Y or N      Are you disabled? Y or N

### PART-1: PLANNED EXPENSES and PAYMENTS

<b>A - CASH EXPENSES</b>	MONTHLY	NEXT 12 MO.	TOTAL BAL. DUE
FOOD			
CLOTHING			
MEDICAL			
PERSONAL			
HOUSEHOLD:			
House Payments(Mortgage) / Rent			
Fuel			
Electricity			
Telephone			
Cable TV			
Water and/or Sewer			
Other			
HOME REPAIR and MAINTENANCE:			
EDUCATION: (Tuition, Books, Fees, etc.)			
GIFTS: (Holidays, Birthdays, Charity, Church, etc.)			
RECREATION			
VEHICLES:			
Payment 1: Year      Make      Model      Loan #			
Payment 2: Year      Make      Model      Loan #			
Gas & Oil			

Insurance			
Maintenance & Repair			
TRANSPORTATION: (Bus, Taxi, Train, etc.)			
INSURANCE:			
Health			
Dental			
Life			
Other			
TAXES PAYABLE: (taxes you pay in for the month/year)			
Income			
Social Security			
Other			
CHILD CARE			
CHILD SUPPORT / ALIMONY (PAID OUT)			
PLANNED CASH PURCHASES			
OTHER:			
<b>A. TOTAL CASH EXPENSES</b>			
<b>B - DEBT PAYMENTS</b>			
OTHER VEHICLES and EQUIPMENT			
OTHER: (Credit cards, Installment loans, Personal debts, etc.)			
List: _____			
_____			
_____			
_____			
<b>B. TOTAL DEBT PAYMENTS</b>			
<b>PART-1 TOTAL: (A + B)</b>			
<b>PART-2: HOUSEHOLD INCOME</b>			
APPLICANT (Wages, Tips, Overtime, etc.) EMPLOYER _____			
SPOUSE/OTHER (Wages, Tips, Overtime, etc.) EMPLOYER _____			
BUSINESS INCOME:			
OTHER (Social Security, Retirement, Alimony, Child support, VA, Welfare, Investment/Other income, etc.)			
<b>LIST:</b>			

<b>PART-2 TOTAL:</b>			
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**PART-3: ASSETS**

CHECKING ACCOUNT: <b>Bank:</b>	<b>Address:</b>	<b>Acct #:</b>	<b>Balance:</b>
SAVINGS ACCOUNT: <b>Bank:</b>	<b>Address:</b>	<b>Acct #:</b>	<b>Balance:</b>
OTHER ACCOUNTS: <b>Bank:</b>	<b>Address:</b>	<b>Acct #:</b>	<b>Balance:</b>
CDs, STOCK's, BOND's:		<b>Acct #:</b>	<b>Balance:</b>
PRINCIPAL RESIDENCE:	<b>Value:</b>		-----
OTHER ASSETS: (Other Real Estate, Machinery, etc.)			<b>Value:</b>

<b>PART-3 TOTAL:</b>			
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**PART-4: SUMMARY**

<b>A. TOTAL INCOME (PART-2 TOTAL)</b>			
<b>B. CASH (PART-3 TOTAL)</b>			
<b>C. TOTAL EXPENSES AND DEBT PAYMENTS (PART-1 TOTAL)</b>			
<b>D. BALANCE (A + B - C)</b>			

**I attest that all the information I have provided above is correct.**

**Signature of patient or responsible party:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FORM-B**

**STATEMENT OF “NO FILE” FOR FEDERAL INCOME TAXES**

I, \_\_\_\_\_ (please print name) hereby state that I have not filed federal income tax forms with the Internal Revenue Service of the USA in the past two years due to a low-income status. I understand that my signing this form gives Boca Raton Regional Hospital the right to verify this information and deny me eligibility for the BRRH Financial Assistance Program if the information is fraudulent.

Signature of patient or responsible party: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM-C**

***BRRH Financial Assistance Program - Income Attestation***

I \_\_\_\_\_ certify that my family income for the past twelve months has been \$ \_\_\_\_\_ and there are \_\_\_\_\_ people in my family. My current income can be verified by contacting: \_\_\_\_\_ at phone: \_\_\_\_\_.

I understand that in accordance with Florida Statutes 817.50, providing false information to defraud a hospital for the purposes of obtaining goods and or services, is a misdemeanor in the second degree.

Signature of patient or responsible party: \_\_\_\_\_

Date: \_\_\_\_\_

FLORIDA LAW PROVIDES:

- 1) **“It is a misdemeanor of the second degree (FS817.50) to fraudulently obtain services from the hospital by giving a false or fictitious name, a false or fictitious address, any other false or fictitious information required to be obtained by the hospital in compliance with FS-382.31, et seq., or shall assign to the hospital the proceeds of any insurance contract, then knowing that such contract is no longer in force or is invalid, or is void for any reason, any such shall be prima facie evidence of the intent of such person to defraud such hospital.”**
- 2) This is only an application to obtain Financial Assistance and **not** an agreement to give free services.
- 3) The acceptance of your application is at the option of the hospital and requires the consent of the medical staff, your physician, the availability of beds in the hospital, and certain budgetary constraints.
- 4) This application, at the hospital’s option, may be granted in whole or in part.
- 5) All free care allowances, at the option, may be reinstated by the hospital, as per the following terms:
  - a) If there is any omission or mistake in the application for Financial Assistance;
  - b) If hospital charges are the result of an injury and there is a claim, lawsuit or litigation between the patient, their insurance company or a third party, entire charges are the responsibility of the patient. The patient will be ineligible for benefits under the Financial Assistance Program and the Self-Pay Discount will not be applicable.
  - c) If the patient, or person responsible for payment of the hospital bill expires and leaves a probate estate, even if the only asset is a claim or legal action that accrues to the estate.



## **BOCA RATON REGIONAL HOSPITAL**

### **PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY**

By virtue of its exemption from federal and state taxes and as part of the mission of Boca Raton Regional Hospital (BRRH) to serve the health care needs of its patients, it is the policy of BRRH to provide a financial assistance program to hospital patients without regard to race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws. This is a summary of the BRRH financial assistance policy.

#### **Eligibility and Assistance Offered**

Financial assistance covers emergency or other medically necessary services provided by BRRH, with the exception of cosmetic surgery or any other elective service deemed not medically necessary. Private room difference charges are also excluded unless medically necessary.

BRRH automatically applies a 75% uninsured discount to every uninsured patient's account, and, in addition, offers two types of financial assistance.

- Non-Catastrophic Approval is available at two levels. Generally, income less than 200% FPG will qualify the patient for a 100% write-off of qualifying dollars, and income from 201% to 300% FPG will qualify the patient for a 50% write-off of qualifying dollars.
- Catastrophic Approval is available for the balance owed for medical bills that exceeds a patient's family household annual income by 25% or greater, when the patient earns between 300% and 600% of the Federal Poverty Guidelines (FPG). If approved, the patient will qualify for a 75% write-off of qualifying dollars.

Certain residency requirements apply for cases not originating in the Emergency Department. No one eligible for financial assistance will be charged more for emergency or other medically necessary care than the Medicare allowable amount. Please refer to the full policy for complete details.

#### **How to Apply**

To receive assistance, generally patients must complete and submit a financial assistance application to BRRH and provide supporting documentation. Certain circumstances may not require an application.

#### **How to Obtain More Information**

To learn more about the BRRH financial assistance program, obtain a free copy of the financial assistance policy, application, and policy summary, or obtain assistance with the financial assistance application process, please contact BRRH as follows:

Boca Raton Regional Hospital  
Customer Service  
626 Glades Road  
Boca Raton, FL 33486

Phone 888-629-7686  
Phone 561-955-4007  
Fax 561-955-3466

Walk-in Hours of Operation – Monday through Friday – 8:30 am – 4:30 pm  
Phones 9:30 am – 3:30 pm

Online – [www.brrh.com](http://www.brrh.com) – Click on “Billing Info/Pay Online,” or click on “Patient Financial Assistance” under “Quick Links.”

Financial assistance information is available from BRRH in English and Spanish.

**2018 Federal Poverty Guideline for the 48 Contiguous States and the District of Columbia**

Family Size	100%	133%	150%	185%	200%	250%	300%	400%
1	\$ 12,140.00	\$ 16,146.20	\$ 18,210.00	\$ 22,459.00	\$ 24,280.00	\$ 30,350.00	\$ 36,420.00	\$ 48,560.00
2	\$ 16,460.00	\$ 21,891.80	\$ 24,690.00	\$ 30,451.00	\$ 32,920.00	\$ 41,150.00	\$ 49,380.00	\$ 65,840.00
3	\$ 20,780.00	\$ 14,337.40	\$ 31,170.00	\$ 38,443.00	\$ 41,560.00	\$ 51,950.00	\$ 62,340.00	\$ 83,120.00
4	\$ 25,100.00	\$ 33,383.00	\$ 37,650.00	\$ 46,435.00	\$ 50,200.00	\$ 62,750.00	\$ 75,300.00	\$ 100,400.00
5	\$ 29,420.00	\$ 39,128.60	\$ 44,130.00	\$ 54,427.00	\$ 58,840.00	\$ 73,550.00	\$ 88,260.00	\$ 117,680.00
6	\$ 33,740.00	\$ 44,874.20	\$ 50,610.00	\$ 62,419.00	\$ 67,480.00	\$ 84,350.00	\$ 101,220.00	\$ 134,960.00
7	\$ 38,060.00	\$ 50,619.80	\$ 57,090.00	\$ 70,411.00	\$ 76,120.00	\$ 95,150.00	\$ 114,180.00	\$ 152,240.00
8	\$ 42,380.00	\$ 56,365.40	\$ 63,570.00	\$ 78,403.00	\$ 84,760.00	\$ 105,950.00	\$ 127,140.00	\$ 169,520.00

**For Households / Families with more than 8 persons, add \$5400 for each additional person**

NOTE: The poverty guideline figures below are NOT the figures the Census Bureau uses to calculate the number of poor persons.

[The figures that the Census Bureau uses are the poverty thresholds.](#)

**2018 Federal Poverty Guideline**

Persons in family/household	Poverty guideline
1	\$12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380
For families/households with more than 8 persons, add \$5400 for each additional person.	