**POLICY:**

AAMC Surgery Center provides services to patients regardless of the ability to pay but within the financial capability of the Center, to ensure health care delivery is consistent with each person’s needs and with respect for each person’s dignity.

1. Public notice and information regarding the program shall be published on an annual basis on the AAMC Surgery Center website located within [www.aahs.org.](https://www.aahs.org)
2. The Financial Assistance Program policy and application shall be published on the AAMC website [www.aahs.org](https://www.aahs.org) for AAMC Surgery Center.
3. Notices shall also be posted in AAMC Surgery Center’s registration and business office, in reception areas of associate surgeons, and on AAMC’s website - [www.aahs.org](http://www.aahs.org), annually,

in a format understandable by the service area population.

1. Notice of the program shall be provided to persons having surgery, by staff of associate surgeon's, with pre-operative education materials and paperwork.
2. Request for financial assistance is preferred least 5 days prior to service being provided.
3. To request assistance, persons complete the Financial Assistance Application and provide required supportive documentation.
4. Within two business days following a person’s request for assistance AAMC Surgery Center’s Business Office Manager, in collaboration with the Medical Executive Committee, shall make a decision about probable eligibility and inform the person and notify the person by telephone or other primary contact noted on the application.

**Eligibility Criteria**

1. Persons with family income below 100% of the current poverty guideline, who have no health insurance coverage and are not eligible for public program providing coverage for medical expenses shall be eligible for services free of charge.
2. Persons above 100% of the current poverty guideline, but below 200% of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale for family income.
3. Proof of income and verification of the number of dependents is based upon the previous year's tax return must be provided. If this is not available, the last two months paycheck stubs will be accepted. Dependents must meet IRS definition of dependents to qualify as household members.
4. If the request for assistance is declined and is based on income, AAMC Surgery Center’s MEC shall review the application and consider eligibility on a case-by case basis.

The following formula is used to determine where the patient will fall on the sliding scale:

(Gross Income - 100% poverty level) ÷ (100% poverty level)

Once that number is determined, the associated percentage will be taken from the fee schedule of AAMC Surgery Center and the discount will be provided.

1. Example:
	1. A household of two has a net income of $26,187.
	2. The 200% threshold for a family of two is $42,300.
	3. $26,187- $21,150 = $5,037
	4. $5,037 ÷ $21,150 = 24%
	5. 100% - 24% = 76% discount.
	6. AAMC Surgery Center will apply 76% discount to the fee schedule, leaving the person owing the following amounts:

 **2025 Federal Poverty Guidelines**

|  |  |  |
| --- | --- | --- |
| **Household Size** | **100%** | **200%** |
|  1 | $15,650 | $31,300 |
|  2 | $21,150 |  $42,300 |
|  3 | $26,650 |  $53,300 |
|  4 | $32,150 |  $64.300 |
|  5 | $37,650 |  $75,300 |
|  6 | $43,150 |  $86,300 |
|  7 | $48,650 |  $97,300 |
|  8 | $54,150 |  $108,300 |

*If your household is larger than 8 people, add $4,320 for each additional person.*

**Approval:**

If the application meets the income guidelines, it will be approved, and the discount amount will be assigned.

1. Notify the patient with the results of the application review.
2. Advise the patient of the discount amount and remind them that the balance of the charges (if applicable) will be due at the time of surgery.
3. Give the patient a copy of the sliding fee application to present when receiving other services.
4. Enter the discount amount into the computer system and store the approved application and documentation in a discount approval file.
5. The patient's financial status should be assessed at each visit.

**DEFINITIONS:**

INCOME - Gross income, refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and workmen's compensation, trust payments, child support, alimony, public assistance, strike benefits, union funds, training stipends, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home. Also included as regular income is 100% of all liquid assets (i.e. certificates of deposit, stock, bonds, money market funds, etc.)

COVERAGE - All other resources will first be applied including Medicaid, before the discount adjustment will be given. The individual must apply for available medical assistance funds as appropriate in each individual case.

APPLICATION REQUIREMENTS - Patients requesting a discount must apply using the provided application prior to treatment. Sliding fee applications will not be considered for accounts final billed and aged in accounts receivable, unless there are extenuating circumstances. Requests for sliding fee discounts will notbe considered for patients who are in bad debt and did not respond to collection activity or statements prior to write-off of account.

During the application process, specific documents must be submitted to gain enough information to verify income for each employed household family member. Some of these documents include:

1. Payroll stub or letter from employer verifying gross income
2. W2
3. Copy of most recently filed federal income tax return
4. Proof of other income for all persons living in the household

**PROCEDURE:**

1. The Medical Director and/or Business Office Manager will consider alternatives for the patient, (i.e., is the patient eligible for other coverage such as Medical Assistance or other special programs)
2. The Medical Director and/or Business Office Manager will inform the patient of the sliding fee scale (See Attachment) and will ask the patient about family income to determine eligibility.
3. The Medical Director and/or Business Office Manager will work with the patient to complete the request for sliding fee schedule with supporting documentation attached.
4. The Medical Director and/or Business Office Manager will determine how many family members are dependent on the income covered by patient and if there is additional income in the family.
5. The Medical Director and/or Business Office Manager will submit the application along with the documentation to the practice Administrator for approval.
6. The Medical Director and/or Business Office Manager will make a determination of probableeligibility for charity care within two business days following a patient's completed application for assistance.