

SOUTH LIMESTONE HOSPITAL DISTRICT
701 MCCLINTIC DRIVE
GROESBECK, TEXAS

POLICY AND PROCEDURE

SUBJECT: Sliding Fee Procedures for South Limestone Hospital District (this includes Limestone Medical Center, Family Medicine Center, Rettig Family Health Care and Kosse Community Health Clinic)

Reviewed 12/5/2024

EFFECTIVE DATE: 12/5/2024

SUPERSEDES: All Previous

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Purpose: The Sliding Scale program is designed to provide free or discounted services to those who have no financial means, or limited means, (uninsured or underinsured) to pay for their medical services. It is our mission to provide quality healthcare and services to those who are seeking such services from South Limestone Hospital District. No one is refused services because of their inability to pay or have no financial means. Confidentiality and respect will be provided for all who seek and/or provided healthcare services.

It is the policy of South Limestone Hospital District to provide essential services regardless of the patient's ability to pay. South Limestone Hospital District offers discounts based on family size and income.

Sliding Scale applications will be available via our website, in person request at Limestone Medical Center or any clinics owned and operated by South Limestone Hospital District. A detailed Hospital Collection policy or the Hospital Financial Assistance Policy Summary may be obtained from the Business Office located at the main Hospital entrance. Applications, at no cost, will be mailed by calling the Business Office at 254-729-3281. Our Applications are available in English/ Spanish, and we do have other language assistance resources upon request.

Information about the program will be provided and assistance offered for completion of the application if requested. Individuals will be made aware of this program's availability by signage posted in the waiting areas and Limestone Medical Centers website. They will also be made aware when they register for services of the program's availability.

Discounts will be based on family size and annual income at or below the 200 percent of the most current Federal Poverty Guidelines (attached). There will be no charge for income below 100 percent of the Federal Poverty Guidelines. Individuals and families are encouraged to provide changes in household, finances, unexpected hardships, etc. that may affect their discount percentage.

Nominal Fee, Patients with incomes above 100 percent Federal Poverty Guidelines but at or below 200% poverty will be charged a nominal fee according to the attached sliding scale fee schedule and based on family size and income. However, patients will not be denied services due

to inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or copay.

Requests for discounted services may be made by patients, family members, or others who are aware of existing financial hardships:

1. Must meet financial criteria as defined in the Board approved discount schedule.
2. The patient or any responsible party must complete the Sliding Scale Discount Program Application in its entirety. Participants must be made aware by signing the application gives South Limestone Hospital District permission to confirm income disclosed in the application process. The participant will be made aware that if false information is provided will result in the application being revoked and the stated balance of the account in its entirety is payable immediately.
3. If an application is unable to be processed due to the need for additional information the applicant will be notified to the two week deadline to receive such. If requested information if not provided at the end of the two week period, the individual or family will be made aware that the application will be dated on the date the requested information is received.
4. If patient is unable to pay at time if services; payment arrangements can be made by speaking to a business office team member. If arrangements are not kept and the account meets the guidelines to be turned to bad debt, the account will adjusted according to the "Presumptive Charity Policy" (written off to charity and NOT turned to bad debt). Patient will be sent a letter reminding them of their obligations for the "Sliding Fee" program.

COVERED SERVICES

Applies only to services provided by or order by a South Limestone Hospital District provider. Does not cover outside services such as radiologist, ER physician billing, etc..

ELIGIBILITY

Discounts will be based on income and family size only. Discounts will be based on the Federal Poverty Guidelines (attached). According to the Current Federal Poverty Guidelines definitions are as follows:

1. Family is a group of two people or more (one is defined as a householder) related by birth, marriage, or adoption and residing together; all such people, including related subfamily members are considered members of one family.
2. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income (SSI), public assistance, veterans benefits and or survivor benefits.
3. Verifying Income: Applicants must provide one of the following verifications: At least two recent pay stubs (if not available letter from employer), prior tax year returns, unemployment letter, bank statements, disability check, Social

Security/SSI check, etc. If self-employed applicant will be required to provide income and expenses for at least 3 months. If a patient does not have requested the documentation requested they will be required to sign a statement of income until verification can be completed. That statement will be notarized. If a patient refuses or unwilling to pay or leaves without paying a letter will be forwarded indicating their financial responsibility.

4. NOTICE OF APPLICATION STATUS:

The final determination of the Sliding Scale Application will be provided in writing to the individual or family and include the discount percentage or if denied. A reason for a denial will be provided and payment arrangements offered. The applicant will be informed of expiration date (12 months of effective date) at which time they can re-apply.

PATIENT RESPONSIBILITY

1. When scheduling an appointment the applicant must notify the receptionist that they are on the Sliding Scale Program and what their discount percentage is.
2. If you are unable to pay your responsibility at the time of your appointment you will need to notify the Business Office so that you can receive services. The applicant will need to contact the clinic receptionist to let her know of the inability to pay and that the Business Office was notified to make arrangements.
3. Applicants will check out at the receptionist desk after the appointment to pay their discounted rate and to schedule a follow up appointment if ordered by the physician.
4. Services provided at South Limestone Hospital District visit such as lab and radiology will be required to pay discounted amount at time of services. If patient is unable to pay at time of service and the physician feels it is medically necessary to have tests done that day, the discount will be applied and payment arrangements will be set.
5. The Sliding Scale Program does not cover contracted services, radiologist readings or ER physician billing.
6. If you move or there is a change in finances you are required to notify the Business Office within 14 days of the change.
7. There is a \$50 up front nominal fee for all emergency room visits. The balance will be discounted and a statement mailed.

This policy will be updated annually and discounts updated as the Federal Poverty Guidelines change.