



Title: **Financial Assistance Policy  
/ Fee Discounts**

Number: **3.3.23**

Area: **Finance**

Effective Date: **7/1/14**

Revised Date: **5/1/16**

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**Purpose:**

The purpose of this directive is to establish a set of universal guidelines to evaluate applications for financial assistance, determine eligibility, calculate fee discounts, record income, and file paperwork throughout **Aspire Health Partners, Inc. (AHP)**, including the hospital units.

**Scope:**

This directive pertains to the Business Office, Patient Accounts, and team members performing the eligibility functions in environments where there is limited or no formal Business Office representation and all people served by all representatives of **Aspire Health Partners, Inc. (AHP)** in all treatment and service areas owned, leased and operated by AHP.

**Procedure:**

1. Eligible Clients

- a) Any established client receiving services in a federal government, State of Florida, Central Florida Cares Health System or county-funded program of AHP is eligible to apply for financial assistance based on the sliding fee scale regardless of their ability to pay for services. Applications for Financial Assistance can be requested from the AHP representative of the program the client is attending.
- b) Individuals will not be refused treatment when suffering a true medical emergency, regardless of their ability to pay. Medically necessary care is determined by the treating physician.
- c) For services that are scheduled or not considered medically necessary, any client with insurance / payor source that does not cover services provided at AHP, but will cover like-kind services at another facility, may be deemed ineligible for the sliding fee scale discount. All insured clients are encouraged and required to seek services within their designated insured networks.
- d) Eligibility for assistance is considered without regard to race, color, sex, age, disability, religion, national origin, political belief, or marital status.
- e) Clients who comply with requirements outlined in the financial assistance application will be considered for free or discounted care. Those who are not compliant with the requirements may be deemed ineligible.



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- f) Clients who meet who meet 300% or below of Federal Poverty Guidelines (FPG) will qualify for financial assistance. Clients at or below 150% of FPG will qualify for financial assistance for all of their financial responsibility.

#### Application Deadlines

The client should be instructed to return the application within 10 days or prior to their next scheduled appointment, whichever is earlier.

- a) The client may be responsible for charges incurred prior to the date of application or during any lapse in eligibility.
- b) Requests for retroactive assistance will be directed to Patient Accounts. Adjustments to previously posted services must be completed by a Patient Accounts Representative.

#### 2. Frequency of Application

- a) Income must be verified at least once every 12 months to insure continuous benefits, regardless of circumstance. It is the client's responsibility to reapply within this time frame without reminder.
- b) Income must be updated if the applicant's financial situation changes (change in employment, award of benefits, marriage, birth of child, etc.).
- c) A fee discount can be revisited at the request of the client or a designated representative of AHP at any time.

#### 3. Fee Discount Schedule

Patient Accounts will review the sliding fee scale schedule annually in April and/or whenever a new Federal poverty guideline is issued.

#### Hospital Information

- a. AHP complies with section 501(r) of the Internal Revenue Code which requires hospital organizations to establish a written financial assistance policy. A hospital organization is an organization recognized (or seeking to be recognized) as described in section 501(c)(3) that operates one or more hospital facilities.
- b. All AHP employed physicians must follow AHP's Financial Assistance Policy (FAP). Contracted, community/private providers are not required to participate in AHP's financial assistance program. A list of employed AHP physicians



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and/or lists of other employed providers will be provided free of charge upon request to the AHP Public Records Custodian.

- c. AHP’s FAP and application is readily available to clients, visitors and members of the community we serve. Paper copies of the FAP will be made available upon request via mail, business office locations, as well as free of charge on the AHP website.
- d. A paper copy of the FAP will be offered to clients upon admission.
- e. Medically necessary care is determined by the treating/attending physician relying on his/her experience, training and ethics. Appeals to decisions of what is medically necessary or not can be appealed to AHP’s Chief Medical Officer.

**Attachments:**

- Attachment Ia: Application for Financial Assistance - English
- Attachment Ib: Application for Financial Assistance - Spanish
- Attachment Ic: Application for Financial Assistance - Creole
- Attachment II: Fee Discount Schedule

<b>Authority:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Jerry Kassab, President</b>	<b>On File</b>	<b>5/1/16</b>
<b>Carla Caponi, Chief Financial Officer</b>	<b>On File</b>	<b>5/1/16</b>

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