



<b>POLICY NUMBER &amp; TITLE:</b>	RCM 116 Patient Financial Assistance		
<b>DEPARTMENT:</b>	Revenue Cycle Management		
<b>EFFECTIVE DATE:</b>	11/25/2019	<b>REVISED DATE:</b>	

**PURPOSE:** To ensure Revenue Cycle Management (RCM) staff is aware of Pediatric Associates' Financial Assistance policy and in coordination with Front Office staff assists families with the application process.

**POLICY:** It is the policy of Pediatric Associates to provide financial assistance to families whose children have health care needs and are uninsured, underinsured, or otherwise unable to pay for their child's medically necessary care based on their individual financial situation. PA reserves the right to amend this policy as required by applicable laws and PA's ongoing business process.

**DEFINITIONS:**

Non-Covered Services is defined as, non-covered services identified as the service being provided by the clinician that is not generally covered by any/most payers.

Non-Participating Clinician is defined as, non- participating identifies the clinician not be part of the patients insurance carrier. The claim is considered non-participating and the patient defaults to a self-pay status as they will be responsible for the financial services rendered.

Self-Pay is defined as, a patient who pays out of pocket for the services rendered by the provider from their own financial means it can be credit, check or money order. In many cases the patient does not have an appropriate insurance carrier that cab be billed, insurance is nonexistent m not eligible (non-par) or does not cover for the services provided.

**PROCEDURE:**

**A. MUST know information regarding Qualification Requirements is as follows:**

If patient/parent/legal guardian is unable to pay for necessary medical care, he/she may qualify for financial assistance if:

1. They have applied for Medical Assistance benefits and do not meet eligibility requirements
2. They are a permanent resident of the United States or a qualified legal alien
3. They have exhausted all insurance options
4. They have completed a financial assistance application within a calendar year and provided all required documentation
5. They meet the financial guidelines based on your income, assets and outstanding debt



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**Note:** Instruct patients’ families to contact Pediatric Associates **Billing Department at (888) 313-9010** for information on intake and payment processes if they are not U.S citizens and permanently reside outside of the United States.

- The parameters of the payment plans offered are listed below. To calculate the monthly installment, both the minimum monthly payment and maximum repayment term criteria must be satisfied.

<b>Out-of-Pocket</b>	<b>Maximum Repayment Term</b>	<b>Minimum Monthly Payment</b>
\$50 or less	Pay in full within 30 days	Pay in full within 30 days
\$51-\$100	3 months	10% of balance
\$101-\$300	6 months	10% of balance
\$301-\$500	10 months	10% of balance
\$501-\$1,000	12 months	10% of balance

**B. Pediatric Associates’ Front Staff Responsibility is as follows:**

- Assist patients that meet the qualification requirements as listed above in Section A
- Provide patients with information on how and where to download the application PA’s website [www.pediatricassociates.com](http://www.pediatricassociates.com), click on (Forms & Billing)
- Advise patients that all documentation must be submitted to the Business office within 30 days of the visit for determination
- Ensure that the application and required attachments are completed and signed before submitting to the BO, if assisting patients with the application
- Notify the patients that if an incomplete application is submitted, a letter will be generated to the guarantor asking for additional information to be provided within 30 days
- Provide patients with copy of the Financial Assistance Policy and highlight where to send the completed application, attachments and supporting documents

**C. Pediatric Associates’ RCM staff Responsibility is as follows:**

- Review the Financial Assistance Application for accuracy and completion
- Complete p.3 of the Financial Assistance Application
- Conduct patient outreach and ensure the following:
  - Advise patient if additional documentation is needed
  - Advise patient of application status (i.e., approved, denied)



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4. Enter a note in system attesting that all documentation was received and verified including sending the documents to Front office staff to scan in patient's chart and identify as (Financial Assistance Documentation)
5. Use adjustment code for payment processes

**ATTACHMENTS:**

RCM 116A Financial Assistance Policy  
RCM 116B Financial Assistance Check List  
RCM 116C Financial Assistance Application