

KENSINGTON HOSPITAL

CHARITY CARE POLICIES & PROCEDURES

OVERALL PRINCIPLES

Concern over a hospital bill should never prevent any individual from receiving emergency health services. Kensington Hospital, by way of these Policies, communicates this message clearly to prospective patients and to local community service agencies, and makes it clear that essential services will be provided without regard to ability to pay.

Additionally, Kensington Hospital shall assist patients in obtaining health insurance coverage from privately and publicly funded sources whenever appropriate.

These charity care and financial aid policies and practices are consistent with our missions and values, and with federal and state law, and take into account each individual's ability to contribute to the cost of his or her care, as well as the hospital's financial ability to provide the care.

Our financial aid policies are clear, understandable, and communicated in a manner that is dignified and in languages appropriate to the communities and patients served. These policies are readily available upon request or need to prospective and current patients and to the community at large.

Debt collections policies—by both hospital staff and external collections agencies— will reflect the mission and values of the hospital, and should be monitored carefully to avoid unintended consequences.

Current Pennsylvania Requirements

Act 77 of 2001

The Tobacco Settlement Act

Kensington Hospital will:

Submit annual attestation statements to the Department of Public Welfare affirming the existence of our charity care program, our efforts to seek collection for all claims, and attempts to obtain health care coverage for patients.

Have a charity care policy that addresses:

- Patient eligibility for other public or private coverage.
- Income eligibility threshold based on family size.
- Consideration of other resources available to a patient or responsible
- Patient or responsible party employment status and earning capacity.
- Other financial obligations of the patient or responsible party.
- Other sources of funds available to the hospital such as endowments or donations specified for charity care.

Have a plan in place to serve the uninsured and:

Accept all individuals, regardless of their ability to pay, for emergency medical screening and for stabilization services, as necessary, within the scope of the hospital's capabilities and capacity.

Seek collection of a claim, including collection from an insurer or payment arrangements with the person who is responsible for payment of the care rendered.

Attempt to obtain health care coverage for patients, including assisting patients in applying for Medical Assistance, the Children's Health Insurance Program (CHIP), the AdultBasic coverage insurance program, Community Behavioral Health and BHSI.

Ensure that an emergency or urgent admission or treatment is not delayed or denied pending determination of coverage or requirement for prepayment or deposit.

Post adequate notice of the availability of medical services and the general obligation of the hospital to provide charity care.

Current Pennsylvania Tax-Exemption Requirements

To qualify for tax-exemption under state law, Pennsylvania hospitals must:

- Advance a charitable purpose.
- Donate or render gratuitously a substantial portion of its services.
- Benefit a substantial and indefinite class of persons who are legitimate subjects of charity.
- Relieve the government of some of its burden.
- Operate entirely free from private profit motive.

To qualify for tax-exemption as an institution of purely public charity under the Pennsylvania constitution, as interpreted by the Pennsylvania Supreme Court in the Hospital Utilization Project (HUP) case, a not-for-profit entity must:

These requirements were reaffirmed by the Pennsylvania Supreme Court in a case (Mesivtah Eitz Chaim of Bobov, Inc. v. Pike County Board of Assessment Appeals) issued in 2012. In addition, Act 55 of 1997 establishes more detailed criteria for not for-profit entities for each of the above standards.

Federal Tax-Exemption Requirements under the Affordable Care Act

The ACA established specific statutory requirements that hospitals must meet in order to qualify as 501 (c)(3) tax-exempt organizations under the Internal Revenue Code. The new requirements are included in section 501 (r) of the Internal Revenue Code, which outlines the additional requirements that an organization must satisfy in order to retain its 501 tax-exempt status.

The new requirements apply to each hospital on a facility-by-facility basis and became effective for tax years beginning on or after the date of ACA's enactment, March 23, 2010. Tax-exempt organizations are required to:

Conduct a community health needs assessment every three years and adopt an implementation strategy to meet the community health needs identified.

Include audited financial statements or the consolidated financial statements with its Form 990.

Establish a financial assistance policy and an emergency medical care policy.

Limit charges for emergency or other medically necessary care provided to individuals eligible for assistance under the hospital's financial assistance policy.

Forego extraordinary collection efforts against an individual before the hospital has made reasonable efforts to determine if the individual is eligible for assistance under the hospital's financial assistance policy.

Regarding the ACA requirements related to financial aid policies, tax-exempt hospitals must implement a written financial assistance policy that includes:

- Eligibility criteria for financial assistance, and whether the assistance includes free or Discounted care
- The basis for calculating the amounts charged to patients.
- The method for applying for financial assistance.

The financial assistance policy must be widely publicized within the community the organization serves.

In addition, hospitals need a written policy that includes the provision of care for emergency medical conditions to individuals regardless of the individuals' eligibility for assistance under the hospital's financial assistance policy, without discrimination. Most Pennsylvania hospitals should already have a financial assistance policy in place pursuant to Pennsylvania Act 77 of 2001 requiring such policies to be eligible for uncompensated care under the state's tobacco settlement.

Under the ACA, hospitals also must limit the amounts charged for care provided to individuals eligible for assistance under the organization's financial assistance policy to no more than what

is charged to individuals with insurance. This requirement can be met by charging the lowest negotiated commercial rates, an average of the three best negotiated commercial rates or Medicare rates. The method used to determine charges should be reviewed for consistency with the new section 501(r) of the Internal Revenue Code.

Finally, hospitals are not allowed to engage in extraordinary collection efforts against an individual until reasonable effort has been made to determine if the individual is eligible for assistance under the hospital's financial assistance policy. Extraordinary collection efforts include lawsuits, liens on residences, arrests, body attachments, or other similar collection processes.

KENSINGTON HOSPITAL

FEDERAL TAX EXEMPTION REQUIREMENTS

Federal tax law provides S 501 (c)(3) tax-exempt status to any organization that is organized and operates for charitable purposes. The provision of health care services by non-profit hospitals has long been recognized as a charitable activity for this purpose. The "community benefit" standard established by the IRS in a 1969 revenue ruling continues to be the primary standard applied by the IRS in determining whether hospitals qualify for 501 (c)(3) status, even though a number of recent developments suggest that there is some dissatisfaction within the IRS and other parts of the government with the use of the "community benefit" standard as it is described in that revenue ruling as representing the only requirement for qualification of a hospital as a S 501 (c)(3) organization.

The "community benefit" standard does not prescribe any minimum "charity care" requirement as one of its elements. The 1969 revenue ruling that established the "community benefit" standard essentially replaced a 1956 revenue ruling in which the IRS had established a "financial ability" standard as a requirement for S 501 (c)(3) status. Under the "financial ability" standard, a hospital had to be operated to the extent of its "financial ability" for those not able to pay for the services rendered, and not exclusively for those who are able and expected to pay. The 1956 revenue ruling illustrated that the "financial ability" was somewhat flexible by stating that the fact that a particular hospital's record in providing charity care was relatively low was not conclusive in showing a failure to meet that standard. Moreover, the 1969 revenue ruling, which promulgated the "community benefit" standard, expressly modified the 1956 revenue ruling to eliminate the "financial ability" requirement.

In spite of the clearly stated legal position of the IRS with regard to satisfaction of the "community benefit" standard as the standard governing the qualification of hospitals under S 501 recent developments, including the litigation position of the government in recent cases involving the S 501 (c)(3) status of hospitals, and recent congressional hearings demonstrating an interest in the provision of charity care by hospitals and in the billing and collection activities of some hospitals in cases involving uninsured patients, clearly suggest the need to carefully address, and effectively implement, thoughtful policies concerning the provision of reasonable amounts of charity care and care to the uninsured in appropriate circumstances.

KENSINGTON HOSPITAL
GUIDELINES
ELIGIBILITY FOR FINANCIAL AID

Financial aid is intended to assist low-income, uninsured individuals who do not otherwise have the ability to pay fully for medically necessary health care as prescribed by their physician and as determined by the hospital's qualification criteria. Kensington Hospital shall take into account each individual's ability to pay for the cost of his or her medically necessary hospital care.

Consideration shall be given to providing financial assistance on a case-by-case basis to patients who have exhausted their insurance benefits and/or who exceed financial eligibility criteria but face extraordinary medical costs. Hospital financial aid is not a substitute for employer-sponsored, public, or individually purchased insurance.

In establishing this financial aid program, consideration should be given to the following:

- Maintaining understandable, written financial assistance policies for low-income uninsured patients, addressing both the hospital's charity care policy, as well as its discount payment policy for the low-income uninsured.
- That financial assistance policies clearly state the eligibility criteria, including:
 - Patient employment status and earning capacity.
 - Income eligibility based on family size.
 - Consideration of other resources available, including assets.
 - Other financial obligations.

The policy also should state the process used by the hospital to determine whether a patient is eligible for financial assistance. Such a process should evaluate a particular patient's financial status relative to existing Federal Poverty Levels. (Note: This is a requirement of Act 77.)

Patients who are at or below the Federal Poverty Levels or higher depending on the geographic cost of living differences in the state, should then be eligible to apply for financial assistance under each hospital's charity care policy (which may include a discount payment policy). Hospitals may consider providing financial assistance to those who earn more than the Federal Poverty Levels and may establish collections policies and practices based on those patients' ability to pay. Federal and state laws and regulations should be considered in identifying these criteria.

Absent any regulatory prohibition, each Kensington Hospital shall limit expected payments from these patients eligible for financial assistance to amounts that do not exceed the payments the hospital would receive for similar services from their aggregate commercial payors, government-sponsored health programs, or as otherwise deemed appropriate by the hospital. (Note: The ACA requires tax exempt hospitals to limit charges for emergency and other medically necessary care for those who qualify for financial assistance to no more than the amounts generally billed to individuals who have insurance.)

The type and scope of essential services eligible for financial aid, including hospital-employed physician fees are determined by the completion of the DPW Charitable Care form. Different discount scales may apply to different categories of services (e.g., ambulatory or clinic care). For example, a sliding scale of fixed fees may be applied to clinic or outpatient care if the patient is determined eligible for financial aid or charity care.

- Charity care/financial aid policy applies to patients for all hospital service areas.
- All efforts are made to ensure all financial assistance policies are applied consistently.
- In determining a patient's eligibility for financial assistance, hospitals should assist the patient in determining if he/she is eligible for government-sponsored programs or other insurance coverage. (Note: This is a requirement of Act 77.) The hospital may require the patient to first apply for government-sponsored programs before being considered for financial assistance.

While it is incumbent upon hospitals to have and fairly implement financial aid policies for the poorest patients, it is important that financial aid applicants cooperate with the hospital's need for accurate and detailed financial information. Therefore, the hospital should make clear that any patient seeking financial aid shall comply with hospital assistance application requirements, including the production of necessary documentation within a reasonable time frame, and will provide the hospital with any and all financial and other information needed to assist in enrollment in a publicly sponsored insurance program (e.g., Medicaid, HealthChoices, CHIP, adult Basic. CBH, BHSI), if required. Further, the hospital should specify what the patient should expect if she or she fails to provide the information requested by the hospital (e.g., the patient may not be eligible for a discount plan).

Because individual patients and their families will be sharing this financial information, hospital policies should include confidentiality protections to assure that such information only will be used to assist in enrollment or for evaluating eligibility for financial aid. For Pennsylvania, it is important to note that hospitals now have the use of the Internet to enroll patients in the Medical Assistance and CHIP Programs. The COMPASS program provides an online application process that facilitates enrollment.

KENSINGTON HOSPITAL GUIDELINES FOR COLLECTIONS POLICIES

Although clear and consistent financial aid policies will go far toward promoting access to care and minimizing bad debts, hospitals also should have clear collections policies that reflect the mission and values of the hospital. Hospitals should take steps to ensure that debt collections activities exercised by outside collections agencies comport with the hospitals' mission, values, and policies.

Following are considerations for hospitals in establishing collections policies:

Kensington Hospital shall work with each patient to establish a reasonable payment plan.

Written policies about when and under whose authority patient debt is advanced for collection are followed and should use their best efforts to ensure that patient accounts are processed fairly and consistently.

Due to the community, we serve and the poverty level, legal action will not be taken against a patient that was served, nor shall foreclosure of a patient's primary residence or liens be enacted due to non-payment.

GUIDELINES FOR ACCOUNTABILITY/ADVOCACY

Hospital boards should be provided with information on the extent of the charity care and financial aid provided, as well as the administration of the financial aid policy on a periodic basis.

Hospital boards should periodically review charity care and financial aid policies and determine if modifications are needed. Subsequently, hospitals should review the implementation of their charity care, financial aid, and collection practices for consistency with board-approved policies.

Hospitals should share information on the availability of hospital financial aid/charity care policies with community service agencies and the general public.

Hospitals should use their community service plans as a vehicle for publicly communicating the community and patient benefits and services they provide.

Hospitals should seek opportunities to work with government agencies, payers, businesses, consumer groups, and others to address the underlying problem that too many Pennsylvanians lack adequate health insurance.

Implementation

Kensington Hospital has existing financial aid policies in place, and they are periodically reviewed in light of changing federal and/or state laws.

The Charity Policy (attached) is posted in the Admission Office and the Medical Clinic(s).

Registrars communicate the Policy to patients.

Periodic training for both the financial staff, as well as other hospital staff that come in contact with patients and their families.

The policy is being administered fairly, respectfully, and consistently and does not vary.

COMMUNICATE THE AVAILABILITY OF FINANCIAL AID

Communications to the public regarding financial assistance should be made readily available and should be written in consumer-friendly terminology and in languages that patients served by a hospital can understand. Posting the policy on a hospital's website should be considered.

Information in hospital bills should include the availability of financial aid and how to obtain further information and apply for financial aid. Hospitals should respond promptly to patient questions about their bill and to requests for financial assistance.

Information on financial assistance policies should be posted in key public areas with instructions on how to apply or obtain further information. (Note: This is a requirement of Act 77.)

Patients should be informed about their responsibilities, the potential financial obligation they may incur, their obligations for completing eligibility documentation, and the hospital's bill collection policies. This should include information regarding billing by hospital-based physicians who are not employed by the hospital.

Patients should be referred to a facilitated enroller and/or provided with assistance regarding applying for Medicaid (including HealthChoices) or CHIP for future care needs. In addition, hospitals should inform patients about opportunities to obtain available insurance.

Patients should be informed that they may reapply for financial assistance before, during or after care or after collection agency assignment if their situation changes.

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Include information in hospital bills about the availability of financial aid and how to obtain further information and apply for financial aid. Hospitals should respond promptly to patient questions about their bill and to requests for financial assistance.

Information on financial assistance policies is in key public areas with instructions on how to apply or obtain further information. (Note: This is a requirement of Act 77.)

Patients should be informed about their responsibilities, the potential financial obligation they may incur, their obligations for completing eligibility documentation, and the hospital's bill collection policies.

Patients should be referred to a facilitated enroller and/or provided with assistance regarding applying for Medicaid (including HealthChoices), CHIP and AdultBasic for future care needs. In addition, hospitals should inform patients about opportunities to obtain available insurance.

Patients should be informed that they may reapply for financial assistance before, during or after care or after collection agency assignment if their situation changes.

Patients should be informed that they may receive a hospital bill, which includes full charges, if they do not pursue the hospital's financial aid policy prior to their service, as the hospital will have no information to act otherwise. The bill should explain that patients who receive a bill may still contact the hospital for financial aid and will then be brought into the financial aid eligibility review.

CONSULT WITH BOARD AND EDUCATE AND TRAIN STAFF TO MEET THE EXPECTATIONS OF THE HOSPITAL

Hospitals should engage their Boards in developing and reviewing the hospitals' charity care and financial aid policies. Boards may be particularly helpful in identifying community needs for free care and financial assistance, and in ensuring that hospital policies are communicated to appropriate community representatives.

Hospitals should ensure that their charity care and financial aid policies are disseminated to all appropriate levels of hospital management and staff and should be reviewed periodically by their boards.

Hospitals should provide training to appropriate administrative and all clinical staff that interact with patients about financial aid availability, how to communicate that availability to patients, and how to direct patients to appropriate financial aid staff.

Staff should be trained to treat applicants with courtesy, confidentiality, and cultural sensitivity.

Translation services are provided as needed.

ADMINISTER FINANCIAL AID POLICIES FAIRLY, RESPECTFULLY, CONSISTENTLY

Policies should be reasonable, simple, respectful, and promote appropriate access to care and responsible utilization of services.

Documentation requirements should be easy to follow (e.g., require documents such as pay stubs, tax returns, mortgage papers, rent receipts, etc.).

Hospitals should make timely and consistent financial aid decisions.

All financial information obtained from patients should be treated consistent with the hospital's confidentiality policies.

Periodic reports on the administration of the hospital's financial aid policy should be made to the hospital board.

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Documentation requirements should be easy to follow (e.g., require documents such as pay stubs, tax returns, mortgage papers, rent receipts, etc.).

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All financial information obtained from patients should be treated consistent with the hospital's confidentiality policies.

Periodic reports on the administration of the hospital's financial aid policy should be made to the hospital board.

**KENSINGTON HOSPITAL
CHARITY CARE APPLICATION**

SECTION ONE: REQUIRED QUESTIONS

Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for charity care.

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____ Patient Social Security Number: _____

Street Address: _____

Home Telephone: _____ Work Telephone: _____

Current Health Insurance Company Name: _____

Policy Number: _____ Group Name/Number: _____

HOUSEHOLD MEMBERS

Please attach additional sheets of paper if the household has more than eight members.

Name	Relationship	Age
1. _____	<u>Self</u> _____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

MONTHLY HOUSEHOLD INCOME

Wages/Salaries (Before Taxes): _____ Pensions: _____

Social Security: _____ Other Disability: _____

SSI: _____ Cash Assistance: _____ Spousal Support: _____

Unemployment Compensation: _____ Workers' Compensation: _____

Child Support: _____ Veteran's Administration (VA) Benefits: _____

Annuities: _____

Other Unearned Income (includes Trusts, Interest/Dividends etc.): _____

HOUSEHOLD COUNTABLE RESOURCES

Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be easily converted into cash. Do not include your home, household items, vehicles, IRAs, 401(k) accounts and other non-liquid assets,

Certificates of Deposit: _____ Stocks or bonds: _____

Trust Fund: _____ Savings Account: _____

Checking Account: _____ Savings Certificates: _____

U.S. Savings Bonds: _____ Christmas or Vacation Club: _____

Health Savings Account (HAS) funds: _____

Other (Please explain): _____

SECTION TWO: OPTIONAL QUESTIONS

If you choose, please answer the questions below to provide a better understanding of your ability to pay for medical care. Higher-than-average or otherwise unusual expenses may result in an adjustment of income downward. Lower-than average expenses will not result in adjustment of income upward.

Monthly Household Expenses

Mortgage/Rent: _____ Property Taxes: _____

Insurance: _____ Auto Loan: _____

Credit Cards (Total): _____ Water: _____

Electric: _____ Oil: _____

Other (Please Explain): _____

Monthly Medical Expenses

Insurance Premiums: _____ Equipment: _____

Doctor's Visits: _____ Prescriptions: _____

Other (Please Explain): _____

Section Three: Verification of Income and Countable resources

Please attach proof of income from the past 30 days and current resources to this application. Please verify all income and resources listed in Section One. If you are unable to verify some of or all of your income or resources, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income or resources, provided that reasonable explanation for the inability is given. Acceptable sources of verification include, but are not limited to:

- Pay stubs or letters from employers, listing wages before taxes; copy of W-2 or 1099
- Award letters or bank statements showing deposits of Social Security, other disability, pension, workers' compensation, or unemployment compensation payments;
- Award letters, court documents or bank statements showing deposits of child or spousal support payments;
- Documentation or other sources of income;
- If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g. grocery purchases or rent and utility payments); _____
- Health Savings Account (HSA) and other dedicated account statements.

- Checking and Savings account statements;
- Copy of Health Insurance Card(s), if applicable.

SECTION FOUR: CERTIFICATION

Please sign and return the completed application with the items listed in Section Three to Gary Klemowicz, Business Office at Kensington Hospital, 136 W. Diamond Street, Philadelphia, Pa. 19122.

I certify that the information contained in this application is true and complete. I understand that willful falsification of information contained in this application will result in denial of charity care.

SIGNATURE: _____ **DATE:** _____

KENSINGTON HOSPITAL
SOLICITUD DE ATENCIÓN DE CARIDAD

SECCIÓN UNO: PREGUNTAS REQUERIDAS

Por favor, complete todas las preguntas en esta sección. Si no se completa esta sección, podría haber demoras en la evaluación de la elegibilidad para la atención de caridad.

INFORMACIÓN PARA EL PACIENTE

Nombre del paciente: _____ Fecha de nacimiento: _____

Dirección: _____

Teléfono de casa: _____ Work Teléfono: _____

Nombre actual de la compañía de seguros de salud: _____

Número de póliza: _____ Group Nombre/Número: _____

MIEMBROS DEL HOGAR

Adjunte hojas de papel adicionales si el hogar tiene más de ocho miembros.

NombreRelaciónEdad

1. _____ Self _____

2. _____ _____

3. _____ _____

4. _____ _____

5. _____ _____

6. _____ _____

7. _____ _____

8. _____

INGRESO MENSUAL DEL HOGAR

Sueldos/salarios (antes de impuestos): _____ Pensions: _____

Seguro Social: _____ Other Discapacidad: _____

SSI: _____ Workers' Compensation _____

Manutención de los hijos: Beneficios de la Administración de Veteran (VA): _____

Anualidades: _____

Otros ingresos no devengados (incluye fideicomisos, intereses/dividendos, etc.): _____

RECURSOS CONTABLES DEL HOGAR

Enumere sus cuentas disponibles y activos líquidos para su hogar. Un activo líquido se define como efectivo o cualquier tipo de activo negociable que se puede convertir fácilmente en efectivo. No incluya su hogar, artículos para el hogar, vehículos, cuentas IRA, cuentas 401 (k) y otros activos no líquidos,

Certificados de depósito: _____ Stocks o bonos: _____

Fondo Fiduciario: Cuenta _____ Savings: _____

Cuenta corriente: _____ Savings certificados: _____

Bonos de ahorro de EE. UU.: _____ Christmas o club de vacaciones: _____

Fondos de la Cuenta de Ahorros para la Salud (HAS): _____

Otros (Sírvese explicar): _____

SECCIÓN DOS: PREGUNTAS OPCIONALES

Si lo desea, responda las preguntas a continuación para comprender mejor su capacidad para pagar la atención médica. Los gastos más altos que el promedio o inusuales pueden resultar en un ajuste de los ingresos a la baja. Los gastos inferiores a la media no darán lugar a un ajuste de los ingresos al alza.

Gastos mensuales del hogar

Hipoteca/Alquiler: _____ Property Impuestos: _____

Seguro: _____ Auto Préstamo: _____

Tarjetas de crédito (total): _____ Water: _____

Eléctrico: _____ Oil: _____ Otros (Sírvase explicar): _____

GASTOS MÉDICOS MENSUALES

Primas de seguro: _____ Equipment: _____

Visitas al médico: _____ Prescriptions: _____

Otros (Sírvase explicar): _____

Sección Tercera: Verificación de ingresos y recursos contables

Adjunte prueba de ingresos de los últimos 30 días y recursos actuales a esta solicitud. Verifique todos los ingresos y recursos enumerados en la Sección Uno. Si no puede verificar algunos o todos sus ingresos o recursos, explique por qué en una hoja de papel adjunta. Las solicitudes no serán rechazadas por incapacidad para verificar ingresos o recursos, siempre que se dé una explicación razonable de la incapacidad. Las fuentes aceptables de verificación incluyen, pero no se limitan a:

Talones de pago o cartas de los empleadores, enumerando los salarios antes de impuestos; copia de W-2 or 1099

Cartas de adjudicación o estados de cuenta bancarios que muestren depósitos de pagos de Seguro Social, otras incapacidades, pensiones, compensación de trabajadores o compensación por desempleo;

Cartas de adjudicación, documentos judiciales o estados de cuenta bancarios que muestren depósitos de pagos de manutención de niños o cónyuges;

Documentación u otras fuentes de ingresos;

Si el hogar no tiene ingresos, cartas de personas que están ayudando con las necesidades de la vida diaria, explicando la ayuda que las personas proporcionan (por ejemplo, compras de comestibles o pagos de alquiler y servicios públicos);

Cuenta de ahorros para la salud (HSA) y otros estados de cuenta dedicados.

Estados de cuenta de cheques y de ahorros;

Copia de la(s) tarjeta(s) de seguro médico, si corresponde.

SECCIÓN CUARTA: CERTIFICACIÓN

Firme y devuelva la solicitud completa con los artículos enumerados en la Sección Tres a Gary Klemowicz, Oficina de Negocios en Kensington Hospital, 136 W. Diamond Street, Filadelfia, Pa. 19122.

Certifico que la información contenida en esta solicitud es verdadera y completa. Entiendo que la falsificación deliberada de la información contenida en esta solicitud resultará en la denegación de la atención de caridad.

FIRMA: _____ **DATE:** _____

KENSINGTON HOSPITAL

POLICY FOR SLIDING FEE DISCOUNTS & MAXIMUMS TO BE CHARGED

This policy requires that for persons at or below the 100% of poverty level, there will be no charges to patients;

for persons between 100% and 200% of the poverty level, charges cannot exceed 5% of the patient's annual income;

for persons between 200% - 300% of the poverty level, charges cannot exceed 7% of the patient's annual income; •

for persons over 300% of the poverty level, charges cannot exceed 10% of the patient's annual income.

These caps also apply to health services received outside of Kensington Hospital and once documented by the patient will be included as paid charges credited to the patient's accumulated charges of Kensington Hospital.

A ledger is enclosed with these protocols. Please include all required information and refer to the schedule of percent discounts also enclosed with these protocols.

- 1 Patient's name, address, and calendar year;
- 2 From patient's documentation, indicate the yearly wages and number of dependents;
- 3 From yearly wages and dependents, determine the % of discount according to the Sliding Fee Scale;
- 4 Calculate the maximum dollar amount that can be billed in the calendar year;
- 5 At the time of the patient's visit, place and date and cost of services;
- 6 Calculate the billing amount allowed under the Sliding Fee Scale;
- 7 Calculate and billed to date amount for Kensington Hospital;
- 8 Ask patient to document any other medical services that were received outside of Kensington Hospital and include in ledger;
- 9 Total other medical costs and add to total of medical costs billed to date for the current year;
- 10 Patient may be billed for services provided they do not exceed the maximum allowed to be billed for the calendar year;
- 11 This policy statement shall be given to the patient for signature with the original kept in the chart and a copy offered to the patient.

Signed: _____

Date: _____

Patient's Name: _____

Patient's Address: _____

Persons in family/household	Poverty guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person.

KENSINGTON HOSPITAL

SLIDING SCALE

ANNUAL INCOME	CHARITY CARE	PATIENT RESPONSIBILITY	
0.00-20,000.00	100%	0%	
21,000.00 – 31,000.00	80%	20%	
32,000.00 – 41,000.00	70%	30%	
42,000.00 – 59,000.00	60%	40%	
60,000.00 – 74,000.00	50%	50%	
Greater than 75,000.00	0%	100%	

**LEDGER OF CHARGES AND QUALIFICATIONS FOR SLIDING FEE
DISCOUNTS AND MAXIMUMS TO BE CHARGED**

Patient's Name _____

Annual Wages: _____

Address _____

Dependents:_____

Maximum Percent of annual income to be billed:_____

Maximum Allowed to be billed for calendar year: _____

[illegible]

KENSINGTON HOSPITAL

PATIENT NOTICE OF FINANCIAL AID

Kensington Hospital is proud of its mission to provide quality care to all who need it, 24 hours a day, 7 days a week, 365 days a year.

If you do not have health insurance or worry that you may not be able to pay for part or all of your care, we may be able to help. Kensington Hospital provides financial aid to patients based on their income, assets, and financial needs. In addition, we may be able to help you get free or low-cost health insurance or work with you to arrange a manageable payment plan.

Federal and state laws require all hospitals to seek payment for care provided from individual's health insurance or when individuals have the financial means to pay for care. This means Kensington Hospital could ultimately turn unpaid bills over to a collection agency, which could affect your credit status. Therefore, it is important that you let us know as soon as possible if there may be a problem paying your bill so that it can be determined if our charity care and financial aid programs would apply to you.

For more information, please contact Gary Klemowicz in our Business Office at (215) 426-8100, extension 6323. We will treat your questions and any information you provide us with confidentiality and courtesy.

El Hospital Kensington
Noticia financieros ayuda

Kensington Hospital paciente aviso de financieros ayuda Kensington Hospital está orgulloso de su misión de brindar atención de calidad a todos los que necesite, 24 horas al día, 7 días a la semana, 365 días al año.

Si no tiene seguro de salud o preocupación que usted no sea capaz de pagar todo o parte de su atención, seamos capaces de ayudar. Hospital de Kensington proporciona ayuda financiera a los pacientes basados en sus ingresos, bienes y necesidades financieras. Además, seamos capaces de ayudarlo a obtener seguro de salud gratis o de bajo costo o trabajar con usted para concertar un plan de pago manejable. Las leyes federales y estatales requieren que todos los hospitales para solicitar el pago para la atención del seguro de salud del individuo o cuando las personas tienen los medios financieros para pagar la atención.

Esto significa que Kensington Hospital podría finalmente vuelta impagados a una agencia de colección, que pudiera afectar su estado de crédito. Por lo tanto, es importante que nos dejas saber tan pronto como sea posible si puede haber un problema de pago de su factura para que pueda

Para informacion, pol favor contacta Maria Perez de business offica at (215) 426-8100, Extsion 6505. Tatademo tus pegrontas y inforamcion conconfidiltea and courdatao.