

# COXHEALTH

## **SYSTEM POLICY – Finance**

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**TITLE:** Financial Assistance Policy (FAP)

**SUBMITTED BY:** Dana Christiansen, Administrative Director - Patient Access Services

**APPROVED BY:** John Chastain, VP of Finance and Revenue Cycle

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### **PURPOSE:**

The purpose of CoxHealth’s Financial Assistance Policy (FAP) is intended solely for the benefit of Indigent patients and any acceptable Guarantors for debts incurred due to Emergency Services and Medically Necessary Services. The FAP is not to be construed to benefit third parties such as insurance companies or others who are obligated for a patient’s health care expenses. The FAP is also meant to comply with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations. The FAP has been adopted by the governing body of CoxHealth in accordance with the regulations under Section 501(r).

### **SCOPE:**

The FAP and any corresponding procedures apply to all CoxHealth hospitals and physician clinics set forth on **Schedule 3** of the FAP (collectively “CoxHealth”).

### **POLICY:**

CoxHealth wants to help patients who do not have health insurance or who need help paying their hospital bills. As a nonprofit health care organization, CoxHealth cares about our patients and the communities we serve through better health and better health care.

Our staff can help you with the following:

- Apply for health insurance through the Marketplace
- Apply for Medicaid assistance or Disability
- Determine if you qualify for Financial Assistance from CoxHealth

## **CoxHealth Financial Assistance**

First and foremost, a patient's financial circumstances will not affect their care. All patients are treated with respect and fairness. Patients who meet certain income guidelines may qualify for CoxHealth Financial Assistance, including reduced hospital charges and payment plans.

Subject to the attached **Schedule 1**, patients who are eligible for Financial Assistance will be billed not more than the amounts generally billed to individuals who have insurance covering such care. Information regarding amounts generally billed and its calculation is available on the attached **Schedule 1**, by speaking with a Financial Counselor or by calling the numbers below.

Financial Assistance approval will be in effect for 6 months from the date of approval. Exceptions to the Financial Assistance qualification criteria will be considered on an individual basis.

## **Medical Qualifications for Financial Assistance**

CoxHealth will provide, without exception, care for emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance, in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Financial Assistance is available only for emergency and medically necessary services. It does not apply to elective procedures such as cosmetic surgery. It also does not apply to the portion of your services that have been paid for by a third party such as an insurance company or government program.

## **Income Guidelines for Financial Assistance**

The amount of Financial Assistance you receive is based on Federal Poverty Level information set by the U.S. government each year. A Financial Assistance Income and Discount Schedule that shows these income levels is attached on **Schedule 2**. In addition to your income, the discount will also take into account the size of your family.

A list of providers who are included in this Policy is attached as **Schedule 3**. Other services which are separately billed by other providers, such as independent physicians, are not eligible under CoxHealth's Financial Assistance Policy. For a full listing of these providers, please see the attached **Schedule 4**. These lists are also available by using the information below.

## **Applying for Financial Assistance**

Patients or their legal guardian may apply for Financial Assistance at any time – before, during or after care, up to 240 days after initial bill. Information is provided with the bill about how to apply for assistance. An application is also available on the attached **Schedule 5**, available on the [coxhealth.com](http://coxhealth.com) website, upon request at CoxHealth facilities, including, but not limited to, emergency rooms and admissions/registration areas, or by calling the numbers below and requesting a copy. The application requires proof of income such as an income tax return or paycheck stub. Examples of documents which may be used as proof of income can be found on the application form.

Patients who are uninsured or eligible/enrolled in Medicaid automatically qualify for Financial Assistance for emergency and medically necessary hospital services that are not covered by Medicaid. Patients may also be approved for additional Financial Assistance based on the patient’s financial and/or socio-economic position. Eligibility for this type of assistance does not automatically qualify the patient for assistance on future accounts.

**Completed applications may be mailed to:**

**CoxHealth**

Attn: Financial Counselors  
PO Box 650  
Branson, Mo. 65615

**Completed Applications may be faxed to:**

Fax 417-335-7071

**Completed applications may be returned in person (not mailed) to any Cox Outpatient registration or Cox Emergency Department in Springfield, Branson, Monett, Lamar, or at the following locations:**

<p><b>Cox Medical Center South</b> West Pavilion Entrance 3801 S. National Ave. Springfield, MO</p> <p><b>Cox Primrose Building</b> Patient Financial Services 1115 E Primrose St. Springfield, Mo. West side under awning</p>	<p><b>Cox Medical Center Branson</b> Medical Plaza One 101 Skaggs Rd Branson, MO Business Office/ 2<sup>nd</sup> floor</p> <p><b>CoxHealth Monett</b> 1000 US-60 Monett, MO Outpatient Registration</p> <p><b>Cox Barton County Hospital</b> 29 NW 1<sup>st</sup> Lane Lamar, MO Outpatient Registration</p>
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Or by email to: [FinancialAssistanceApplications@CoxHealth.com](mailto:FinancialAssistanceApplications@CoxHealth.com)