



Policy Name/Number: BV- Financial Assistance Policy	Policy Title: Financial Assistance Policy
Policy Section: Revenue Cycle	Policy Sponsor: April Hurak
Last Revision/Review Date: 6/29/21	Next Review Date: 12/18/2023
Approval: Adam Priestle, VP Revenue Cycle	Approval Signature(s):

POLICY:

The Bright View Health is dedicated to servicing the health care needs of its patients. To assist in meeting those needs, we have established this “Financial Assistance Policy” to provide financial relief to those patients who first meet the requirements as described in this policy.

Brightview Health is committed to providing medically necessary healthcare services to patients regardless of their insurance status or ability to pay. This financial assistance policy is intended to be in compliance with applicable federal and state laws for our service area. Patients qualifying for assistance under this policy will receive a discount for services rendered.

PROCEDURE:

Brightview Health offers financial assistance to patients seeking treatment whose income is at or under a percentage of the publicly available Federal Poverty Guidelines. To qualify for financial assistance from Brightview Health, the patient must:

- Submit application for financial assistance and all accompanying documentation

Proof of income

As part of the application, at least one of the items in the following list of documentation is required for proof of income. If more than one is applicable, all should be submitted.



If you claim that you have no income, a sworn statement from the individual providing you basic support is required.

- a. Three consecutive months of pay stubs, or all pay stubs within past three months if not employed for three months.
- b. Copy of previous year's federal tax return.
- c. Social Security, Unemployment, or retirement income documentation in the form of a written statement, or verification of benefits from the applicable agency.

Application Processing

Upon receipt of the required documentation, the application will be processed by the Revenue Cycle team and resulting discounts will be applied to outstanding patient balances. The patient or guarantor is responsible for the remaining balance after discounts. The Revenue Cycle team will attempt to notify the patient of discounts, but no guarantees are made of notification, outside of the reflection of discounts on future statements or requests for payment.

Eligibility Criteria

Eligibility for discount will be based upon income for the family, as a percentage of Federal Poverty Guidelines. The qualification for discounts is listed in the table below and may be updated in accordance with updates to the Federal Poverty Guidelines. If the patient has insurance coverage for services and choose not to utilize the coverage for BV services, they do not qualify for this program.



For families/households with more than 8 persons, add \$4,480 for each additional person.				
	100% discount	100% discount	85% discount	50% discount
Family Size	Under FPL	100% - 200% FPL	200% - 300% FPL	300% - 400% FPL
1	\$12,760	\$25,520	\$38,280	\$51,040
2	\$17,240	\$34,480	\$51,720	\$68,960
3	\$21,720	\$43,440	\$65,160	\$86,880
4	\$26,200	\$52,400	\$78,600	\$104,800
5	\$30,680	\$61,360	\$92,040	\$122,720
6	\$35,160	\$70,320	\$105,480	\$140,640
7	\$39,640	\$79,280	\$118,920	\$158,560
8	\$44,120	\$88,240	\$132,360	\$176,480

Approval Duration

Approval for Financial Assistance will be for six-month time periods. After six months, an updated application will be required.

RESPONSIBILITY:

Revenue Cycle Department

REFERENCES: