

## PATIENT / APPLICANT INDIGENT APPLICATION

MEDICAL RECORD # 

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Facility: \_\_\_\_\_

### LIST ALL **HOUSEHOLD FAMILY MEMBERS** BY LEGAL NAME

LAST NAME	FIRST	DATE OF BIRTH	AGE	RELATION TO PATIENT	OCCUPATION	SOCIAL SECURITY NUMBER	ANNUAL WORKED WAGES
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					

<b>PATIENT INFORMATION</b>	SOCIAL SECURITY INCOME \$ _____
Parish of Residence: _____	STATE AID-SSI, AFDC, MEDICAID \$ _____
Home Telephone Number: _____	FOOD STAMPS \$ _____
Complete Home/ Billing Address: _____ _____ _____	PENSION INCOME \$ _____
	SAVINGS INTEREST \$ _____
	WORKERS COMP. INCOME \$ _____
	UNEMPLOYMENT COMPENSATION \$ _____
	CHILD SUPPORT / ALIMONY RECD \$ _____
	RENTAL INCOME \$ _____
	MONEY FROM FAMILY / OTHER \$ _____
	LAST 4 WEEKS INCOME HCRA \$ _____
LAST 8 WEEKS INCOME MEDICAID/DCF \$ _____	
<b>TOTAL ANNUAL WORKED WAGES \$ _____</b>	

<b>AGREEMENT</b>	<p>Please read before signing. I CERTIFY that the information I have provided is true and accurate to the best of my knowledge. I will make application for ANY and ALL ASSISTANCE which may be available through Federal, state, local government and private sources to help pay this hospital bill and will take all action necessary to obtain assistance from the above sources. By signing this form, I understand that I must cooperate with LGH within 10 business days of the date of my signature in order to be eligible for any financial assistance deemed by the hospital. I hereby grant permission and authorize any accredited agent of the Department of Children and Families to disclose to LGH ALL INFORMATION regarding the status of my Medicaid application and, if the application is not approved the reason for disapproval. I will ASSIGN to LGH ALL FUNDS received from the above sources which are provided to help with the HOSPITAL BILL. I understand that the information which I submit is subject to verification by LGH, including credit reporting agencies, and subject to review by FEDERAL and/or STATE AGENCIES and others as required. I AUTHORIZE my employer to release to LGH proof of my/our income. I UNDERSTAND that if any information I have given proves to be untrue, LGH will re-evaluate my financial status and take whatever action becomes appropriate. I authorize LGH to obtain my credit report from any credit reporting agencies, and understand that the information which I submit is subject to verification by LGH, including with credit reporting agencies, and subject to review by FEDERAL and/or STATE AGENCIES and others as required. By signing this form, I authorize reimbursement specialist(s) employed by LGH or its agents to sign any and all forms and applications on my behalf and to access and release any personal demographic, diagnostic, therapeutic, and/or financial information required relating to applications for pharmaceutical manufacturer assistance programs. This authorization may be revoked at any time by contacting the reimbursement office. I, on my own behalf, and for my immediate family member(s), authorized representative(s), physician(s), counselor(s) (including clergy), and attorney(s), agree to hold and maintain in strictest confidence any written communications and/or oral discussions between me and LGH regarding matters relating to services provided to me by LGH.</p>
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<b>SIGNATURE OF APPLICANT</b> _____	<b>MEDICAL INDIGENT</b> <input type="checkbox"/>	<b>DATE</b> _____	<b>MEDICAL BILL INDIGENT</b> <input type="checkbox"/>			
<b>FAMILY SIZE</b> _____ <b>FINC RECOMM</b> _____ <b>(6 MONTH) APPROVAL PERIOD</b> FROM _____ TO _____						
<b>ACCOUNT #</b>	<b>DOS</b>	<b>BALANCE DUE</b>	<b>IP</b>	<b>OP</b>	<b>BD</b>	<b>COMMITTEE DISPOSITION</b>
<b>TOTAL DUE</b>		\$ _____				
*****PLEASE ATTACH ALL BILLS IN RELATION TO THE MEDICAL CENTER THIS APPLICATION IS REFERENCING*****						
<b>AUTHORIZED SIGNATURE:</b> _____				<b>DATE:</b> _____		

<b>ASSETS</b>		
HOME ADDRESS (NOT P.O. BOX)		( ) YRS. PAID ON HOME
HOMESTEAD <input type="checkbox"/> YES    MOBILE HOME <input type="checkbox"/> YES    RENT <input type="checkbox"/> YES		
BAL. OWED \$	TAX ASSESSED VALUE \$	MARKET VALUE \$
1 <sup>ST</sup> CAR (                    ) YR. (                    ) MODEL (                    )		VALUE \$
2 <sup>ND</sup> CAR (                    ) YR. (                    ) MODEL (                    )		VALUE \$
MOTOR HOME (                    ) YR. (                    ) MODEL (                    )		VALUE \$
BOAT (                    ) YR. (                    ) MODEL (                    )		VALUE \$
OTHER PROPERTY	BAL. OWED \$	
RENTAL <input type="checkbox"/> VACANT LAND <input type="checkbox"/>		VALUE \$
OTHER PROPERTY	BAL. OWED \$	
RENTAL <input type="checkbox"/> VACANT LAND <input type="checkbox"/>		VALUE \$
BANK NAME / CREDIT UNION	ACCT # <b>REQUIRED</b>	AVERAGE CHECKING/SAVINGS BALANCE \$
BANK NAME / CREDIT UNION	ACCT # <b>REQUIRED</b>	AVERAGE CHECKING/SAVINGS BALANCE \$
<b>THE VALUE OF ALL ASSETS LISTED ABOVE</b>		<b>TOTAL \$</b> _____



## PATIENT ACCOUNTING FINANCIAL SERVICES POLICY PLAIN LANGUAGE SUMMARY

This plain language summary applies to University Hospital & Clinics' ("UHC") Patient Accounting Financial Services Policy (the "Policy") which standardizes the method by which UHC will determine eligibility for free or reduced-cost medical care ("Financial Assistance").

### FINANCIAL ASSISTANCE DETERMINATIONS AND AWARDS

UHC will use the patient's household gross income compared to Federal Poverty Guidelines ("FPG") to determine whether the patient is eligible for Financial Assistance. Financial Assistance will be provided in the following instances:

- ***Household Gross Income at or below 200% of FPG.*** If a patient's household gross income is below 200% of the FPG based on the size of such patient's household, the patient will receive any emergency treatment or medically necessary care that UHC provides at no cost.
- ***Medical Expenses that Exceed 20% of Household Gross Income.*** A patient who has household gross income greater than 200% of the FPG based on the size of such patient's household and whose household has paid expenses for emergency treatment and/or medically necessary care during the previous 12 months that equal or exceed twenty percent (20%) of household gross income may be eligible for additional care at UHC for no additional cost.
- ***Charges Limited to Patients.*** Patients eligible for Financial Assistance shall not be charged more for emergency or other medically necessary care than the amounts generally billed by UHC for such services to patients who have health insurance.

Generally, patients will not qualify for Financial Assistance if they have health coverage through commercial insurance, a health benefit plan, employee sponsored coverage, Medicare, Medicaid, or similar Federal state or health insurance program. Exceptions do exist.

Medicaid recipients may receive Financial Assistance for any charges for emergency treatment and medically necessary care that comply with Medicaid coverage requirements but for which the patient has financial responsibility.

Similarly, a patient with commercial health insurance may receive Financial Assistance if the insurance does not cover the emergency treatment or medically necessary care that UHC provides due to an exclusion applicable to the treatment that the patient receives, as a result of an exclusion for a pre-existing condition, because the patient required such services during a waiting period prior to eligibility or because the patient has exhausted such coverage. Under no

circumstances will a patient be eligible for Financial Assistance if the insurance denies or limits coverage because UHC is not in the insurer's network of providers.

## **FINANCIAL ASSISTANCE APPLICATION**

UHC will conduct an initial screening for each patient who believes that he or she may qualify for Financial Assistance. This initial screening requires that patient's provide UHC with the following information:

- Name.
- Address.
- Date of Birth.
- Evidence of United States residency.
- Social Security Number.
- Confirmation that the patient has no available health coverage through commercial insurance, a health benefit plan, employee sponsored coverage, Medicare, Medicaid, or similar Federal state or health insurance program.

UHC will use information available from third parties to determine on an expedited basis whether an individual qualifies for Financial Assistance. If UHC is unable to determine whether a patient qualifies for Financial Assistance based on this initial screening, the patient will be required to submit a full Financial Assistance application.

Each patient who qualifies for Financial Assistance must verify his or her household gross income. This may require the patient to provide UHC with the following:

- Pay stubs or a letter from the patient's employer regarding annual income.
- Evidence of unemployment benefits.
- Food stamp eligibility.
- Social Security award letters.
- Disability or Workers' Compensation.
- Alimony support.
- Child support.
- Pensions.
- Income tax returns.
- A signed affidavit from the patient stating that he/she has no income.

All documents obtained as part of the UHC income verification will remain confidential and will be used for the sole purpose of determining the patient's eligibility for Financial Assistance. A patient's failure to provide complete information may result in denial of Financial Assistance.

## **ACCESS TO THE POLICY**

A copy of the Policy and related Financial Assistance application are available for free in person or by mail at UHC by contacting UHC's Access Services Department, located at 2390 West Congress Street, Lafayette, Louisiana 70506, or by phone at 337-261-6745.

Free copies of the Policy and Financial Assistance application are also available at:

- [www.lafayettegeneral.com/.../university\\_hospital\\_clinics.aspx](http://www.lafayettegeneral.com/.../university_hospital_clinics.aspx)

### **CONTACT INFORMATION RELATED TO THE POLICY**

Individuals who need assistance interpreting this plain language summary or the Policy, or individuals who need assistance completing the application may contact UHC's Access Services Department, located at 2390 West Congress Street, Lafayette, Louisiana 70506, or by phone at 337-261-6745.

UHC will make representatives available to answer any questions that patients may have regarding this plain language summary, the Policy, the initial screening process and the Financial Assistance application. If any term or provision of this plain language summary conflicts with the Policy, the Policy shall control.



**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>SUBJECT:</b> PATIENT ACCOUNTING FINANCIAL SERVICES	
<b>DEPARTMENT:</b> ADMIT SCREENING	<b>POLICY NUMBER:</b> ADSC – 006
<b>EFFECTIVE DATE:</b> MAY 2015	<b>ORIGINAL DATE:</b> SEPTEMBER 1, 2003
<b>REPLACES:</b> 9/1/03, 10/21/03, 6/11/04, 3/31/05, 5/4/05, 1/27/06, 5/30/08, 10/13/08, 3/31/10, 6/1/11, 4/1/12, 12/13, 4/14, 5/22/15	
<b>APPROVED:</b>  UHC Compliance Committee	<b>DATE:</b> 2/1/2016

**POLICY STATEMENT**

University Hospital & Clinics (“UHC”) will treat all patients with respect and fairness. UHC is committed to ensuring that a patient’s financial circumstances will not affect the care that he or she receives at UHC. Patients who meet certain income guidelines may qualify for free or reduced-cost care (“Financial Assistance”) from UHC. This Medical Indigent Eligibility Determination Policy (“Policy”) standardizes the method by which UHC will determine whether a patient qualifies for Financial Assistance.

This Policy applies to all Emergency Treatment and Medically Necessary Care that UHC provides as well as the Emergency Treatment and Medically Necessary Care provided by those physicians and other providers listed in Exhibit A at UHC’s facility located at 2390 West Congress Street, Lafayette, Louisiana 70506 (the “UHC Facility”). Those physicians and providers who may provide Emergency Treatment and Medically Necessary Care at the UHC Facility but who are not covered by this Policy are listed in Exhibit B.

UHC will interpret and apply this Policy in accordance with applicable federal and state laws, including, without limitation, the requirements of the Emergency Medical Treatment and Labor Act (“EMTALA”) and Internal Revenue Code Section 501(r). To the extent that this Policy conflicts with any applicable federal or state law, such federal or state law shall control.

**DEFINITION OF TERMS**

The following definitions shall apply to this Policy:

**Amounts Generally Billed (“AGB”)** – The amounts generally billed by UHC for Emergency Treatment and Medically Necessary Care to patients who have health insurance are referred to in this Policy as

Amounts Generally Billed or AGB. AGB is calculated by multiplying Gross Charges by the AGB Percentage.

**AGB Percentage** – The percentage discount applied to UHC’s Gross Charges for purposes of this Policy is referred to as the AGB Percentage and is calculated as follows: All sums received as payment in full for all Emergency Treatment and Medically Necessary Care provided by UHC and paid by Medicare fee-for-service and all Third Party Payers as primary payers, including amounts received as co-payments, co-insurance or deductibles, during the twelve (12) months prior to the date upon which UHC last calculated its AGB Percentage, divided by the associated Gross Charges for those claims. The Accounting Department at UHC shall calculate the AGB Percentage on at least an annual basis, and UHC shall apply the AGB Percentage no later than the 45<sup>th</sup> day after the end of the twelve (12) month period that it used to calculate the AGB Percentage. UHC will keep appropriate records documenting its calculations in accordance with UHC’s record retention policy.

**Application Period** – The Application Period is the period during which UHC will accept and process an application for Financial Assistance under this Policy. The Application Period begins on the date that care is provided to the individual in question, and it ends on the 240th day after UHC provides the individual with the first Post-Discharge billing statement for the Emergency Treatment or Medically Necessary Care provided.

**Elective Procedures** – Procedures that do not qualify as Emergency Treatment or Medically Necessary Care are referred to in this Policy as Elective Procedures. Examples of Elective Procedures include services that are cosmetic or reproductive in nature. Financial Assistance is not available for Elective Procedures.

**Eligible Patient** – Any individual who qualifies for Financial Assistance under this Policy is an Eligible Patient, including, without limitation, a Presumed Eligible Patient.

**Emergency Medical Condition** – The term Emergency Medical Condition will be defined as set forth in EMTALA.

**Emergency Treatment** – Emergency Treatment means the care or treatment that UHC provides for an Emergency Medical Condition.

**Extraordinary Collection Action** – An action taken by UHC against a patient or any Responsible Party that involves (i) legal or judicial process; (ii) selling an individual’s debt to a third party; or (iii) reporting adverse information about the individual to a consumer credit agency or credit bureau; and (iv) deferring or denying, or requiring a payment before providing, Medically Necessary Care because of a patient’s nonpayment of one or more bills for previously provided care under the Policy.

**Family Unit** – A Family Unit consists of the patient, his or her spouse and all of his or her children, natural or adoptive, who are under the age of eighteen (18) and live at home or who are claimed by the patient as a dependent for Federal tax purposes. If the patient is under the age of eighteen (18), the Family Unit shall include the patient, his or her natural or adoptive parents (regardless of whether they live in the home) and the parent(s)’ children, natural or adoptive, who are under the age of eighteen (18) and live at home or who are claimed by the parent(s) as dependents for federal tax purposes. In the event of a divorce in the Family Unit, appropriate documentation will be required to determine which parent is the Responsible Party for a child who requires Emergency Treatment or Medically Necessary Care. If no legal document is present, the parent accompanying the child at the time of service will be deemed to be the Responsible Party until appropriate documentation is provided.

**Federal Poverty Guidelines (“FPG”)** – Federal Poverty Guidelines or FPG means those guidelines that the U.S. Department of Health and Human Services issues each year in the Federal Register. The effective date of the annual update to FPG for purposes of this Policy will be the first day of the month following the publication of FPG in the Federal Register.

**Gross Charges** – UHC’s full, established price for Emergency Treatment, Medically Necessary Care or Elective Procedures, as the case may be, that it uniformly charges all patients before applying any contractual allowances, discounts or deductions.

**Household Gross Income** – All wages, salaries, compensation and other pay, including, without limitation, Social Security benefits, pension payments, unemployment compensation, workers’ compensation payments, veterans benefits, rents, alimony, child support, survivors’ benefits and income from estates or trusts, earned by or attributable to the members of the Family Unit on an annual basis. Household Gross Income will be rounded to the nearest dollar when applied to the scale for determining whether an individual is an Eligible Patient.

**Medically Necessary Care** – Medically Necessary Care means those health care services that satisfy the definition of “medically necessary services” for purposes of the Louisiana Medicaid program set forth at Title 50, Chapter 11, Section 1101 of the Louisiana Administrative Code.

**Notification Period** – The Notification Period refers to the period during which UHC will notify individuals about the availability of Financial Assistance under this Policy. The Notification Period begins on the first date care is provided and ends on the 120th day after UHC provides the individual with the first Post-Discharge billing statement for such care.

**Post-Discharge** – Post-Discharge means the period of time after medical care (whether inpatient or outpatient) has been provided and the individual has left UHC Facility.

**Presumed Eligible Patient** – A patient who does not have coverage through any Third Party Payer, Medicare, Medicaid or similar Federal or state health insurance program and who UHC believes will qualify for Financial Assistance based on the use of external data sources that provide information regarding the patient or Responsible Party’s ability to pay, including, without limitation, credit history, bankruptcies, liens, judgments and estimates of Household Gross Income.

**Qualified Alien** – A person is a Qualified Alien for purposes of this Policy if such person is authorized by the U.S. Citizenship and Immigration Services (USCIS) for legal entry and continued stay in the United States.

**Reasonable Efforts** – Reasonable Efforts are the actions that UHC will take to determine whether an individual is an Eligible Patient under this Policy. UHC will (i) offer a paper copy of the plain language summary of this Policy to patients as part of the intake or discharge process; (ii) include a conspicuous written notice on billing statements that identifies the Policy and informs patients about the availability of Financial Assistance, including, without limitation, the website address where a patient may obtain copies of this Policy, an application form and a plain language summary of the Policy as well as the phone number of the UHC department that can provide information about the Policy and the application process; (iii) make reasonable efforts to notify the patient about the Policy and how to obtain assistance with the application process in oral communications regarding the bill that occur during the Notification Period; (iv) provide the patient with at least one written notice that contains a plain language summary of this Policy and describes the Extraordinary Collection Actions that UHC may take if the patient does not submit a complete application for Financial Assistance or pay the amount due by a deadline specified in the notice that is no earlier than thirty (30) days after the date of the notice or the expiration of the



Notification Period (whichever is later); and (v) take such other actions as are required by the Internal Revenue Service with respect to Section 501(r) of the Internal Revenue Code.

**Responsible Party** – A Responsible Party as used in this Policy is the patient if the patient is eighteen (18) years old or older and is not claimed by another person as a dependent for federal tax purposes. If the patient is under the age of eighteen (18), the Responsible Party shall be the patient’s parents (natural or adoptive) or legal guardians, unless someone else claims the patient as a dependent for Federal tax purposes. If the patient is claimed as a dependent by another person for Federal tax purposes, the Responsible Party shall be the person claiming the patient as a dependent.

**Third Party Payer** – Any commercial insurance, health benefit plan, employer-sponsored program, health maintenance organization or similar arrangement that is or may be legally liable for payment of charges incurred for medical services is referred to in this Policy as a Third Party Payer. Third Party Payers for purposes of this Policy do not include Medicare, Medicaid or similar Federal or state health insurance programs.

**United States Resident** – Persons are considered a resident of the United States when they actually live in the United States and can provide evidence of intent to remain. A person does not need to be a citizen of the United States to qualify as a United States Resident under this Policy, but the person must be a Qualified Alien.

## **I. PROCEDURES**

### **A. Initial Screening and General Application Process**

1. ***United States Residency Required for Financial Assistance.*** Any person seeking Financial Assistance under this Policy must be a United States Resident.
2. ***Presumed Eligible Patients.*** UHC will conduct an initial screening of individuals interested in Financial Assistance to determine on an expedited basis whether such individuals qualify for Financial Assistance.
  - a. UHC will solicit demographic information regarding the patient and/or Responsible Party, including his or her name, address and Social Security number.
  - b. UHC will utilize Passport Health, a software application that uses information provided from the individual and consumer databases, to assist it in determining whether an individual qualifies as a Presumed Eligible Patient. UHC will notify individuals in writing regarding whether they qualify as Presumed Eligible Patients, the information used to make this determination, and their eligibility for Financial Assistance. Except as otherwise agreed to by UHC, each Presumed Eligible Patient will have thirty (30) days from the date of such written notice in which to provide UHC with information necessary to verify his or her Household Gross Income. Information that UHC will accept for these purposes includes the patient or the Responsible Party’s (i) most recent pay stub; (ii) most recently filed federal or state tax return; (iii) evidence of food stamp eligibility; (iv) evidence of unemployment benefits; (iv) a letter from the individual’s employer regarding his or her annual income; or (v) an affidavit from the patient or Responsible Party attesting to the fact that he or she has no income.

Failure by a Presumed Eligible Patient to provide such information will result in a suspension of Financial Assistance until such time as the information is provided and may result in a reversal of any Financial Assistance previously awarded.

- c. If (i) UHC determines that the individual does not qualify as a Presumed Eligible Patient, (ii) the patient does not provide the information necessary for UHC to conduct an initial screening or (iii) a Presumed Eligible Patient fails to provide the information necessary to verify his or her Household Gross Income, UHC will notify the patient and/or Responsible Party that he or she may still submit an application for Financial Assistance in accordance with the procedures set forth in Section I.A.3 (General Application Process).
- d. UHC shall maintain copies in accordance with its recordkeeping policies of all information used to determine whether an individual qualifies as a Presumed Eligible Patient, including, without limitation, information provided by the patient and/or Responsible Party or through external sources.

**3. *General Application Process.***

- a. An individual who believes that he or she may qualify for Financial Assistance or has requested that Financial Assistance be provided must submit an application on the UHC-provided form during the Application Period. This Policy, a plain language summary of this Policy and an application may be obtained for free at 2390 West Congress Street, Lafayette, Louisiana 70506 and Attention: Access Services Department, or by visiting [www.lafayettegeneral.com/.../university\\_hospital\\_clinics.aspx](http://www.lafayettegeneral.com/.../university_hospital_clinics.aspx).
- b. It is the applicant's responsibility to complete the application in full and to provide the supporting documentation that the application requires. Such information includes, without limitation, the patient's name, address, telephone number, occupation, employer, names of individuals included in his or her Immediate Family, and Household Gross Income. The applicant must also submit documentation as part of the application process to verify his or her Household Gross Income, such as income tax returns, pay stubs, W-2 forms, unemployment compensation forms or letters from employers. The applicant may be required to submit additional documentation as part of his or her application, such as a copy of a letter verifying that Medicaid has been denied. If the patient has not yet applied for Medicaid, he or she should be encouraged to do so.
- c. If a patient submits an incomplete application for Financial Assistance during the Application Period, UHC will suspend any Extraordinary Collection Actions (if any) that it has commenced against the patient, and UHC will provide the patient with written notice regarding the information necessary to complete the application, including, without limitation, the telephone number and address of the UHC department that can provide information about this Policy and assistance with the application process. UHC may also contact the patient by telephone to determine whether the patient received the notice and to discuss any questions the patient might have regarding the missing

information. The applicant will have at least thirty (30) days from the date of UHC's written notice to submit the missing information.

- d. With respect to those patients seeking Financial Assistance described in Section I.C.5 (Medical Expense Qualification Rule), the patient must provide evidence of qualifying Emergency Treatment and Medically Necessary Care expenses as set forth in the application.
  - e. Completed applications must be returned to the Access Services Department within the Application Period.
4. ***Eligibility Verification.*** Eligible Patients must verify their eligibility for Financial Assistance under this Policy on an annual basis by providing UHC with sufficient information to conduct an initial screening as described in Section I.A.2 (Presumed Eligible Patients) or by submitting an application for Financial Assistance in accordance with Section I.A.3 (General Application Process).
5. ***Failure to Provide Complete Application May Result in Denial.*** A patient's failure to provide all information requested by UHC as part of this Policy or the application may result in the individual being denied Financial Assistance. However, UHC may not deny any individual Financial Assistance under this Policy for the failure to provide information that was not required to be submitted either by this Policy or the application.

#### **B. Financial Assistance Limitations**

- 1. ***Medicaid Recipients May Qualify for Only Limited Financial Assistance.*** For Medicaid recipients, the Financial Assistance available under this Policy is limited to those charges for Emergency Treatment and Medically Necessary Care for which the patient has financial responsibility, *i.e.*, patient spend-down portion and non-covered medical services. Financial Assistance is not available to Medicaid recipients for any charges that do not comply with Medicaid requirements, *i.e.*, failure to have a required referral from a primary care physician.
- 2. ***Patients with Third Party Payer Coverage Generally Not Eligible.*** Except as discussed in this Section I.B.2, patients with coverage through a Third Party Payer are not eligible for Financial Assistance. Notwithstanding the foregoing, a patient with coverage through a Third Party Payer may be considered for Financial Assistance if such coverage does not provide benefits for the Emergency Treatment and Medically Necessary Care that UHC provides (a) due to an exclusion applicable to the treatment that the patient receives; (b) as a result of an exclusion for a pre-existing condition; (c) because the patient required such services during a waiting period prior to eligibility; or (d) because the patient has exhausted such coverage. Under no circumstances will a patient be eligible for Financial Assistance if the Third Party Payer denies or limits coverage for Emergency Treatment and Medically Necessary Care because UHC is not in the Third Party Payer's network of providers.

#### **C. Financial Assistance Determinations and Awards**

- 1. ***Household Gross Income Compared to FPG.*** UHC will utilize the patient's Household Gross Income compared to the Federal Poverty Guidelines for the size of

his or her Family Unit to determine whether an individual qualifies for Financial Assistance under this Policy. The Eligible Patient Qualification Table (Attachment 1) will be revised each year to include annual changes in the Federal Poverty Guidelines. The effective date of the annual update to the Eligible Patient Qualification Table will be the first day of the month following the issuance of new Federal Policy Guidelines by the U.S. Department of Health and Human Services in the Federal Register.

2. ***Household Gross Income Based on Information Provided in Application.*** Household Gross Income will be determined based on information that UHC verifies as part of an initial screening conducted pursuant to Section I.A.2 (Presumed Eligible Patients) or that the patient or other Responsible Party provides as part of the application for Financial Assistance in accordance with Section 1.A.3 (General Application Process).
3. ***Household Gross Income at or below 200% of FPG.*** Subject to the limitations set forth in Section I.B (Financial Assistance Limitations), any patient with Household Gross Income at or below two hundred percent (200%) of the Federal Poverty Guidelines for the size of his or her Family Unit will qualify as an Eligible Patient and will receive any Emergency Treatment or Medically Necessary Care that UHC provides at no cost.
4. ***Household Gross Income Greater than 200% FPG.*** Except as determined pursuant to Section I.C.5. (Medical Expense Qualification Rule), any patient with Household Gross Income that is greater than two hundred percent (200%) of the Federal Poverty Guidelines for the size of his or her Family Unit will not qualify for Financial Assistance under this Policy and will be responsible for the full amount of the charges for any Emergency Treatment, Medically Necessary Care or Elective Procedures that UHC provides.
5. ***Medical Expense Qualification Rule.*** Notwithstanding Section I.C.4. (Household Gross Income Greater than 200% FPG), any patient (a) who has Household Gross Income that is greater than two hundred percent (200%) of the Federal Poverty Guidelines for the size of his or her Family Unit and (b) whose Family Unit has paid expenses for Emergency Treatment and/or Medically Necessary Care from any provider during the twelve (12) months immediately preceding treatment at UHC that equal or exceed twenty percent (20%) of Household Gross Income will receive additional Emergency Treatment and/or Medically Necessary Care at UHC for no additional cost. The Financial Assistance provided pursuant to this Section I.C.5. shall be limited to the twelve-month period commencing on the date that UHC provides medical services to the patient. Any charges incurred and paid on current treatment or admission of the patient by UHC for Emergency Treatment or Medically Necessary Care will be considered as a medical expense when determining whether the patient has satisfied the twenty percent (20%) threshold described above.
6. ***Charges Limited for Eligible Patients.*** Following a determination that a patient qualifies as an Eligible Patient under this Policy, the following charge limits shall apply:
  - a. UHC shall not charge any Eligible Patient more than the AGB for any Emergency Treatment or Medically Necessary Care that it provides; and

- b. UHC shall charge all Eligible Patients less than the Gross Charges for any Elective Procedures that it provides.

## **II. EXTRAORDINARY COLLECTION ACTIONS**

Those persons who are determined not to be Eligible Patients shall be processed in accordance with UHC's billing and collection policies. Copies of UHC's billing and collection policy may be obtained from the Patient Access Department (337-261-6745). Collection activity is conducted within the applicable Federal and state laws and regulations governing patient collections. In no event shall UHC engage in Extraordinary Collection Actions before UHC has used Reasonable Efforts to determine whether an individual is eligible for Financial Assistance under this Policy.

## **III. EMTALA OBLIGATIONS**

UHC will provide, without exception, Emergency Treatment to all patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance and in accordance with the requirements of EMTALA. In recognition of its obligations under EMTALA, UHC will not undertake any action that would discourage an individual from seeking Emergency Treatment, such as demanding that emergency department patients pay before receiving Emergency Treatment or by permitting debt collection activities in the emergency department or any other area of the hospital that could interfere with the provision, without discrimination, of Emergency Treatment.

## **IV. REVIEW OF POLICY**

UHC shall review this Policy at least annually, and UHC shall make such adjustments to this Policy as necessary to comply with applicable Federal and State law, including, without limitation, regulations issued by the Internal Revenue Service pursuant to Section 501(r) of the Internal Revenue Code.

**EXHIBIT A**

The Financial Assistance Policy covers the Emergency Treatment and Medically Necessary Care performed at the UHC Facility by the following physicians and other providers:

**Schumacher Group**  
**Dr. Windy Dean-Colomb**

## EXHIBIT B

The Financial Assistance Policy does **NOT** cover the Emergency Treatment and Medically Necessary Care performed at the UHC Facility by the physicians and other providers set forth on this Exhibit B. Please note, however, that these physicians and other providers are employed by Louisiana State University (“LSU”), and charity care or other discounts may be available for the services that they provide under the terms and conditions of the LSU policy entitled “Care for the Medically Indigent and Uninsured.”

### MEDICAL DIRECTOR

00461 Falterman, James

### MEDICINE DEPARTMENT

80705 Ashkar, Ziad  
81507 Lakshmi Prasad, Leela  
80123 Borrero, Elizabeth  
80582 Guidry, Lon  
80607 Louis, Charles  
80894 Lakshmi Prasad, Padumane  
80401 Bates, Karen  
80949 Benoit-Clark, Tina  
81018 Curry, Karen  
32028 Stout, Daniel  
00000 Fontenot, Justin  
80605 Jaikishen, Jay  
81640 Lopez, Fred  
81021 Lugo, Fabian  
31055 Wael, Alabdulkarim  
31955 Foreman, Adam  
81120 Malin, Jennifer  
80983 Stueben, Eugene  
80707 Malek, Fadi  
35324 Sells, Nick  
80324 Okechukwu, Vitalis  
02522 Kitakule, Moses  
31935 Dean-Columb, Windy  
31661 McClanahan, Matthew  
31780 Antill, Troy  
31781 Sells, Michelle  
31782 Bapat, Anita  
31783 Chaudhari, Parag  
31784 Chennamsetty, Sai Sudhakar  
56155 Gupta, Prashant  
31786 Perrin-Bellelo, Tyler  
31849 Pumarol-Castillo, Edgar  
31848 Reed, David A.  
31889 Akoghlanian, Garabet  
31891 Jakkoju, Avaneesh  
31892 Lapara, III, Nicholas  
31893 Nikitina, Yana  
31895 Suryadevara, Madhu  
39151 Landry, Christopher  
31896 Tumma, Rajachendra  
39073 Abraham, Shema

39074 Gudavalli, Goutham  
39076 Thapa, Prakash  
39077 Saad, Syed  
39078 Shankaranarayanan, Divya  
39087 Veeramachineni, Suguna  
39079 Dinh, Kim  
39137Patel, Falguni  
39075 Mata, Maggy

**CARDIOLOGY**

31977 Cavros, Nick  
35260 May, Wade  
31159 Lathia, Viral  
35252 Salvaggio, Louis  
31965 McElderry, Michael  
57584 Ayalloore, Siby  
58499 McShurley, Timothy  
39141 Nagendran, Krishna  
39130 Lodha, Ankur

**FAMILY MEDICINE**

31182 Oge, Linda  
80352 Broussard, Alan  
00872 Reehlmann, David  
80646 Rosson, Kathleen  
80611 Mire, Glen  
81145 Humble, Kent  
31594 Phillips-Savoy, Amanda  
81276 Moncada, Lainie  
31115 Lagraize, Tami  
39128 Bhowmick, Piya  
31653 Livingston, Jesse  
31790 Betanski, Frank  
31791 Birdsong, Leslie  
31792 Giddings, Adam  
31793 Giuffreda, Leonard  
31794 Miller, Nichole  
31795 Olson, Allan  
31796 Shanmuganathan, Susila  
31898 Bienvenu, Shauna  
31899 Going, Libby  
31900 Duhon, Danielle  
31903 Khan, Asma  
31904 Koster, Seth  
31902 Morris, Kevin  
31901 Pearson, Richard  
39063 Allen, Brian  
39064 Fernandez, Marc  
39065 Fontenot, Benjamin  
39066 Fontenot, Christopher  
69067 Johnson, Michael  
39068 Mathews, Chad  
39069 McDonald, Blake Jr.  
39070 Ronkartz, Claire  
39071 Venkatesh, Rati



**SURGERY DEPARTMENT**

80552 Chappuis, Charles  
80448 Frey, Daniel  
31208 Harkrider, William  
31178 Barrios, Joey  
31408 Bourque, Thad  
58442 Delahoussaye, Thomas  
57860 Sibille, Joshua  
80474 Mendoza, April  
58476 Kahanda, Rachal  
57462 Hall, Micheal  
39104 Bevier-Rawls, Elyse  
59378 Murai, Naoki  
58466 Irfan, Wajeeh

**OB/GYN DEPARTMENT**

39155 Provost, Holly  
80555 Brown, Kenneth  
39142 Elias Jr., Darryl  
58362 Williams, Valerie  
80654 Nevils, Bobby  
80328 Chesson, Ralph  
57164 Hallner, Barry  
32449 Buzhardt, Sara  
58515 Patel, Delaura  
58199 Jones, Jessica  
58455 Goodyear, David  
58752 Siegel, Eric  
58515 Patel, Delaura  
58750 O' Keefe, Ashley  
58141 Bina, Megan  
58464 Hodge, Kimberly  
58749 Davis, Jay  
58751 Quebedeaux, Tabitha

**PEDIATRIC DEPARTMENT**

80816 Howes, Richard  
81022 Nervez, Cecilia  
80973 Wilson, D.J.

**RADIOLOGY DEPARTMENT**

80410 Gonzalez, Arturo  
31825 Billeaud, Paul R.  
31823 Black, Ginger  
81248 Burns, II, Rodney W.  
17051 Grant, Matthew J.  
31829 Hoppe, Blaine H.  
31431 Laborde, Jeremy J.  
31824 Lemoine, Nicholas S.  
31821 McLemore, II, Henry E.  
31830 Miller, Romney  
02630 Stephan, Mark T.  
31831 Vanbergen, Richard A.  
50826 Wojak, Joan C.  
31863 Macip, Stacy  
31641 Henderson, Benjamin

31897 Boyle, Patrick

**ANESTHESIA DEPARTMENT**

80997 Augustin, Helene  
80621 Burgin, David  
91003 Sherwood, DeAun  
31557 Quincy, Richard

**ENT DEPARTMENT**

80384 Chastant, Bradley  
81278 Daigle, Jennifer  
58533 Smart, Suzanne  
58761 Hernandez, Stephen  
58196 Jackson, Neal  
57839 Pena, Sarah  
59341 Kane, Anne  
58547Tran, Christopher

**EMERGENCY MEDICINE DEPARTMENT/WIC**

31025 Sadeghi, Seyed  
34537 Alost, Terrence  
31718 Rodriquez-Quinones, Julio  
31451 Sabatier, Susan  
31058 Fremin, Ross  
31864 Boka, Bernard  
31885 Prince, Maurice  
31856 Runnels, James  
31656 Whittington, Mathew  
80301 Cain, Water  
07726 Uchendu, Chukwudi  
39161 Hebert, Dan

**PSYCHIATRIC DEPARTMENT (TYLER MENTAL HEALTH)**

80342 Diggs, George

**PATHOLOGY DEPARTMENT**

80667 Sorrells, Kelly  
81243 Santiago, Kerri

**ORTHOPEDIC DEPARTMENT**

39148 Schutte, Mike  
81177 Yerger, Edward  
31985 Schutte, John  
57269 Walton, Blaine  
58419 Abdul-Jabbar, Amir  
57724 Accardo, Shaun  
58503 Molligan, Harry

**OPHTHALMOLOGY DEPARTMENT**

80749 Hall, Fred  
81257 Azar, Paul  
81271 Azar, Susan  
39118 Mears, Katrina start  
31068 Neu, Cheryl  
80476 Murray, Virgil  
Thurston, Jared

80205 Acierno, Marie  
31430 Blem, Robert  
57691 Foreman, Julie  
80706 Al-Hariri, Adham  
31599 Piccione, Richard  
35176 Shah, Pulin  
31914 Golubev, Iuri  
39047 Covey, Sarah  
31888 Pansara, Megha  
58427 Bhardwaj, Namita  
58479 Kikuchi, Philip  
58427 Bhardwaj, Namita