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**ADMINISTRATIVE MANUAL**  
**FINANCIAL ASSISTANCE A-090**

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**SCOPE:** HealthSource Saginaw (HSS)

**POLICY:** HSS will grant financial assistance to patients who lack health insurance coverage and who cannot pay for all or part of the healthcare services rendered. We are committed to maintaining our Financial Assistance policy to be consistent with our mission, vision and values and which takes into account an individual's ability to pay for medically necessary health care services.

**PURPOSE:** To establish a guideline for making consistent and objective decisions regarding eligibility for financial assistance. Consideration for financial assistance will be given equally to all eligible persons, regardless of race, gender, religion, age, national origin, veteran's status, marital status, gender identification, immigration status or other legally protected status.

All information provided through the Application for Financial Assistance form PA-27 (attached) is confidential and protected by HIPAA guidelines.

This policy describes the processes for evaluating requests for and determining financial assistance based on the Federal Poverty Guidelines, adjusted for family size:

- 100% financial assistance for income levels at or below 250%
- 95% financial assistance for income levels between 251% and 275%
- 90% financial assistance for income levels between 276% and 300%
- 85% financial assistance for income levels between 301% and 325%
- 80% financial assistance for income levels between 326% and 350%
- 75% financial assistance for income levels between 351% and 375%
- 70% financial assistance for income levels between 376% and 400%

**PROCEDURE:**

- When the patient accounting representative is notified that a patient may qualify for or is requesting financial assistance, an Application for Financial Assistance form PA-27 (attached) is provided for completion.
  - Incomplete forms will be denied. Patients may appeal the denial and provide the missing information.
- In addition to all income sources, property values and bank balances in excess of the following formulas will be considered income to determine financial assistance.
  - Property values in excess of twice the current year's Federal Poverty Guidelines will be considered income.
  - Savings plus checking account balances in excess of one time the Federal Poverty Guidelines will be considered income.

- Upon completion and submission of the Application for Financial Assistance form, the signed application should be returned to HealthSource Saginaw, Attn. Patient Accounting, 3340 Hospital Road, Saginaw, MI 48503. The Chief Financial Officer (CFO) or CFO's designee will review and determine any financial assistance based on the financial assistance guidelines and the information provided on the Application for Financial Assistance form PA-27 (attached).
- Applicants at or below the government guidelines are eligible for approval of financial assistance considerations. When a patient qualifies for a financial assistance allowance, Request for Patient/Resident Balance Adjustment Form PA-26 (attached) will be completed for the amount to be adjusted.
- The patient/guarantor will be notified by the patient accounting representative as to the amount of financial assistance approved.
  - Patients who have qualified for Public Assistance and have been determined to have a patient pay amount will not qualify for further financial assistance through HSS. These patients have already been granted assistance by the government. Any patient who requests financial assistance but has not requested Public Assistance may be asked to apply prior to receiving financial assistance.
- Any patients who have been deemed eligible for financial assistance will not be charged more than Amounts Generally Billed (AGB) for emergency or medically necessary care.
  - HealthSource Saginaw will utilize the prospective method of AGB calculation for calculating and ensuring no patients are charged more than the AGB.
- This policy is not applicable to private pay residents in the Long Term Care neighborhoods.
- Financial assistance approvals will be honored for six months from the original date of service with an open balance. Further consideration would require a new Application for Financial Assistance form PA-27 (attached) be completed.
- This financial assistance policy covers all physicians which are employed and billed by HealthSource Saginaw. The all inclusive list of physicians can be found in the attachments. There are no employed and billable physicians at HealthSource Saginaw who do not follow and adhere to this policy.

The billing and collection actions that HealthSource Saginaw may take for nonpayment are described in a separate patient billing and collections policy, which may be obtained free of charge by contacting the patient accounting team at (989) 790-7778 or the HealthSource Saginaw website at <https://www.healthsourcesaginaw.org/policies/>.

Attachments: PA-26 Request for Patient/Resident Balance Adjustment  
PA-27 Application for Financial Assistance Determination Form

**REQUEST FOR PATIENT/RESIDENT BALANCE ADJUSTMENT (PA-26)**

**ACCOUNT #** \_\_\_\_\_

**PATIENT/RESIDENT:** \_\_\_\_\_

**EPISODE:** \_\_\_\_\_

**PRIMARY INSURANCE:** \_\_\_\_\_

**ADMISSION DATE:** \_\_\_\_\_

**DISCHARGE DATE:** \_\_\_\_\_

**DENIED DATES:** \_\_\_\_\_

**TOTAL AMOUNT OF ADJUSTMENT \$** \_\_\_\_\_

**Justification:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval Signatures:**

**Approval Dates:**

\_\_\_\_\_  
**Patient Accounting Director**

\_\_\_\_\_

\_\_\_\_\_  
**Chief Financial Officer (required for patient/resident balance adjustments > \$5,000)**

\_\_\_\_\_

\_\_\_\_\_  
**President & Chief Executive Officer (required for patient/resident balance adjustments > \$20,000)**

\_\_\_\_\_

## APPLICATION FOR FINANCIAL ASSISTANCE (PA-27)

The information requested on this form is to provide HealthSource Saginaw the ability to give full consideration to a request for credit through an extended payment agreement or financial assistance. This information will be kept confidential and will not be used for any other purpose. By signing below, you attest to the fact that all is true and correct.

### PATIENT/RESIDENT INFORMATION

DATE: \_\_\_\_\_

Patient/Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Guarantor Address: \_\_\_\_\_

\_\_\_\_\_

Guarantor Social Security Number: \_\_\_\_\_

Guarantor's Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Number of dependents with ages: \_\_\_\_\_

**APPLICATION FOR FINANCIAL ASSISTANCE (PA-27) page 2 of 3**

Guarantor's Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

\_\_\_\_\_

Has patient/resident applied for health coverage via the Affordable Care Act? Y / N

Date: \_\_\_\_\_ Please attach copy of response

**INCOME INFORMATION**

Gross Wages: Guarantor: \$ \_\_\_\_\_ (weekly, bi-weekly, annually)

Spouse: \$ \_\_\_\_\_ (weekly, bi-weekly, annually)

Other Income: \$ \_\_\_\_\_ (Social Security, Pension, Child Support, SSI, Investments, Alimony, etc.)

**ASSET INFORMATION**

Housing: Rent: \_\_\_\_\_ Own: \_\_\_\_\_ -If owned, indicate value of home: \$ \_\_\_\_\_

Automobiles:

1) Year \_\_\_\_\_ Make \_\_\_\_\_ Value: \$ \_\_\_\_\_

2) Year \_\_\_\_\_ Make \_\_\_\_\_ Value: \$ \_\_\_\_\_

3) Year \_\_\_\_\_ Make \_\_\_\_\_ Value: \$ \_\_\_\_\_

Checking Account(s) Current Balance: \$ \_\_\_\_\_

Bank/Institution(s): \_\_\_\_\_

Savings Account(s) Current Balance: \$ \_\_\_\_\_

Bank/Institution(s): \_\_\_\_\_

Other Assets (Please list item and value) (i.e.: boat, vacation homes, time shares, etc.)

**APPLICATION FOR FINANCIAL ASSISTANCE (PA-27) page 3 of 3**

**STATEMENT:**

The information provided on this form is subject to verification. Please attached copies of your most recent pay stubs (one month), three months of bank statements, your last Federal Income tax forms to support the information provided on this document. This form MUST be filled out in its entirety and include the requested documents in order to be considered.

Printed Name of person completing this form: \_\_\_\_\_

Telephone # for questions: \_\_\_\_\_

Relationship to the patient/resident: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY:**

Approved

Denied

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please return to HealthSource Patient Accounting, 3340 Hospital Road, Saginaw, MI 48603.

For additional information, please contact HealthSource Patient Accounting at (989) 790-7778.

## HSS PHYSICIAN BILLING

(All physicians from the below list adhere to HealthSource Saginaw's financial assistance policy, when billed under Healthsource Saginaw's taxonomy. There are no exclusions.)

PHYSICIAN NAME	NPI
Anderson, Kai MD	1790901429
Bala, Abishek, MD	1942722426
Bejna, Alexander MD	1669962320
Bradley, Ronald DO	1568408615
Deuscher, Courtney, NP	1780364745
Garces, Lorrie MD	1184793168
Jaferany, Mohammad MD	1811008139
Janssen, Furrhut DO	1720295876
Khan, Asif MD	1528324142
Mir, Imran MD	1467628388
Movva, Usha MD	1609989193
Nusrat, Sajeda MD	1912993924
Osuagwu, Ferdnand MD	1336551738
Plath, Dianne MD	1164456166
Prows, Mindy	1629560362
Rao, Chalichama MD	1003908054
Raval, Kaushik MD	1801995576
Rohr, Christine DO	1043312820
Roy, Nikita MD	1669889127
Sanchez Salcedo, Jisselly MD	1780241943
Talasila, Hema MD	1104827393
Tinklepaugh, Mary NP	1245654441
Watson, Kayleigh MD	1205490430