



FINANCIAL ASSISTANCE POLICY

Revised March 24, 2021

I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care is covered under the financial assistance policy. Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case by case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all South Broward Healthcare District facilities. Note that Memorial Ambulatory Surgery Centers are not included because they are either not owned or operated by the South Broward Hospital District.

This Financial Assistance Policy will help you understand when financial assistance will be given.

The patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG). The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and awaiting litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, which may be for one account or multiple accounts combined.

Patients may elect not to provide financial documentation but instead take advantage of the discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no

safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will perform credit and asset checks to determine the patient's or responsible party's ability to pay. MHS will gather information about a patient's or other responsible party's income and assets and, if required, their expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. Patients will be screened for Medicaid eligibility and must complete the application process prior to evaluation for Financial Assistance.
- D. Patients maybe presumptively screened for financial assistance. This screening includes review of assets, liabilities, income and expenses using Transunion community based and credit based proprietary models.
- E. A Patient or responsible party may request financial assistance for any debt greater than \$500. This includes account balances after insurance payment. The following criteria is used when MHS considers the request:
 - i. Patient or responsible party may qualify for 100% discount if the following applies:
 - 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
 - 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (Per the 2021 FPG a family of four which makes \$53,000 per year is at 200% of the FPG), as described in Table A; and
 - 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4 or
5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state and federal law enforcement agencies.

ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:

1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2021 FPG a family of four which makes \$106,001 is at 400%) of the FPG;
2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.

iii. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.

F. MHS will send a written statement to patients or responsible parties when they qualify for Financial Assistance.

G. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here: <https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>

H. Income and asset, and if required expense and liability information for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for

some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.

- I. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:
 - i. Outpatient Pharmacy services
 - ii. Primary Care Clinic visits
 - iii. Hospital outpatient services
 - iv. Emergency Department visits
- J. Patients can apply for financial assistance up to 1 year after the date of service.
- K. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.

III. **BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS**

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. **FINANCIAL ASSISTANCE APPLICATION PROCESS**

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any Patient or responsible party states they are not able to pay their balance, or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department. Prior to assessing the patient for MHS financial assistance, the Eligibility staff will determine if the patient qualifies for Medicaid or any other assistance program.

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing and by phone call of missing or incomplete documentation.
- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. TransUnion – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E
- C. MHS may use an abbreviated Financial Assistance approval process for Patients or responsible parties or accounts that meet the following criteria:

- i. Medicaid exhausted days or outpatient benefits
- ii. Involuntary treatment under the Baker Act
- iii. The patient is deceased and no estate has been filed with the court of the patient's county of residence, after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.

D. All applications will receive equal consideration and have a determination made based on the FPG and the patient's ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

A. The following steps will be taken to collect patient balances if no financial assistance is requested, or after financial assistance has been denied:

- i. An initial bill is sent to the Patient or responsible party after discharge.
- ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
- iii. Calls may be placed during this time period.
- iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment

received, the account may be placed with a primary debt collection agency

- v. After 1 year the account may be placed with a secondary debt collection agency

B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.

C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collections actions stated below in this section.

- i. filing any lawsuit
- ii. filing for a judgment
- iii. reporting to one or more credit bureau(s)
- iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/patients/billing/financial-assistance.cfm, in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.

MEMORIAL HEALTHCARE SYSTEM

STANDARD PRACTICE

Date: March 1992

Date Reviewed: March 1999, August 2002, September 2002, April 2004, May 2005, November, 2010; January 2011; November 2013, September 2014, October 2018

Date Revised: March 1999, August 2002, September 2002, April 2004, May 2005, November 2010; November 2013, September 2014, April 2016, March 2017

Title: **TRANSFER/ACCESS TO EMERGENCY CARE**

- I. In no event shall the provision of emergency services, the acceptance of a medically necessary transfer or the return of a patient pursuant to Section III.(B) below, be based upon, or affected by, the person's race, ethnicity, religious/ national origin, citizenship, age, gender, pre-existing medical condition, physical or mental handicap, insurance/economic status, or sexual preference.
- II. 42 U.S.C. 1395 dd (sometimes referred to as Emergency Medical Treatment Active Labor Act or "EMTALA") and regulations promulgated thereunder at 42 CFR Section 489 et. Seq., and Ch. 395.1041, Fla Stat. create certain obligations on the part of hospitals with emergency departments and on the part of physicians providing emergency services and care.
- III. In compliance with applicable law, the Memorial Healthcare System hospitals shall provide emergency services and care for any emergency medical condition when:
 - A. Any person requests either personally or through an authorized individual (such as a healthcare surrogate or proxy) emergency services and care; or
 - B. Emergency services and care are requested on behalf of a person by:
 1. An emergency medical services provider who is rendering care or transporting the person; or
 2. Another hospital, when such hospital is seeking medically necessary transfer.
- IV. The term "emergency medical condition" means:
 - A. A medical condition manifesting itself by acute symptoms of sufficient severity (which may include severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 1. Serious jeopardy to patient health, including a pregnant woman or fetus.
 2. Serious impairment to bodily functions.
 3. Serious dysfunction of any bodily organ or part.
 - B. With respect to a pregnant woman:
 1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.
 2. That a transfer may pose a threat to the health and safety of the patient or fetus; or
 3. That there is evidence of labor, which means the process of childbirth beginning with the latent or early phase of labor or there is onset and persistence of uterine contractions or there is rupture of the membranes and continuing through the delivery of the placenta.

NOTE: For purposes of this Standard Practice, a patient experiencing contractions should be considered to be in true labor unless a physician certifies that after a reasonable time of observation the patient is in false labor.

- V. The term "emergency services and care" means:
- A. An appropriate medical screening examination within the capabilities of the Hospital's Emergency Department including ancillary services available to the Emergency Department, to determine if an emergency medical condition exists. The examinations must be conducted by persons determined by the Hospital as qualified to conduct such examinations.
 - B. Examination and evaluation by a physician, to the extent permitted by applicable law by other appropriate personnel under the supervision of a physician, who determine if an emergency medical condition exists.
 - C. If an emergency medical condition does exist, the care, treatment or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the facility.

"Stabilized" means that no material deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer.

- VI. Under the law, neither the hospital nor its employees, nor any physician, dentist, or podiatrist shall be liable in any action arising out of a refusal to render emergency services or care if the refusal is made after screening, examining and evaluating the patient and is based on the determination that the person is either not suffering from an emergency medical condition, that the hospital does not have the service capability, or is at service capacity and unable to render those services.

Procedure:

I. Access to Care

Emergency services and care and appropriate screening to determine the existence or absence of an emergency medical condition shall not be delayed in order to ascertain the ability to pay for such emergency services and care. Inquiries may be made regarding ability to pay if those inquiries do not cause a delay in medical screening or treatment. Each MHS Hospital accepting a person in need of emergency services and care via transfer from another hospital shall not require the transferring hospital, or any person or entity, to guarantee payment as a condition of receiving the transferred patient. The Hospital shall not require any contractual agreement, any type of pre-planned transfer agreement, or any other arrangement to be made prior to or at the time of transfer as a condition of receiving a transferred patient.

II. Posting of Notice

Notice in English, Spanish and Creole, specifying the patient's rights to emergency services and care and the service capability of the hospital shall at all times be conspicuously posted in the Emergency Departments.

III. Transfer Arrangements

- A. Medically necessary transfers shall be made to the geographically closest hospital able to provide the needed service, unless the geographically closest hospital is either at service capacity or unless a prior arrangement between hospitals is in place.
- B. When the condition of the patient improves, and the service capability of the receiving hospital is no longer required, the receiving hospital may transfer the patient to another hospital and the transferring hospital shall receive the patient within its service capability.

IV. Transfer of Patients from a Memorial Healthcare System Hospital

- A. A patient suffering from an emergency medical condition may not be transferred from the hospital to another hospital unless:
 - 1. The patient or a person who is legally responsible for the patient and acting on the patient's behalf, after being informed of the hospital's obligation under this section and of the risk of transfer, requests the transfer. The hospital will seek to obtain this request in writing, indicating the reasons for the request as well as the risks and benefits of the transfer; or
 - 2. A physician has signed a certification that based upon the reasonable risks and benefits to the patient and based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital, outweigh potential increased risks to the patient's medical condition; or
 - 3. If a physician is not physically present in the emergency services area at the time an individual is transferred, a qualified medical person may sign a certification that a physician with staff privileges, and after appropriate consultation, has determined that the medical benefits, reasonably expected from the provision of appropriate medical treatment at another medical facility, outweigh the potential increased risks to the individual's medical condition. The certification shall summarize the basis for such determination. The consulting physician must subsequently sign the certification.
- B. Each MHS Hospital will not transfer a patient unless the patient has been accepted for transfer by the facility for which transfer is sought.
- C. If the medical benefits of transfer do not outweigh the risks, patients who are not stable will be discouraged from requesting transfer and shall be advised of risks. If the patient or the legally responsible person acting on the patient's behalf persists in the transfer request, the request shall be made in writing, signed by the person making the request and the transfer shall be considered Against Medical Advice. The attached form (see Attachment #1) may be used to document the request.
- D. In medical emergencies, when a transfer must be made due to the hospital's inability to **treatment**, must be approved by the Administrator-on-Call. The Nursing Director or Administrative Officer **can** approve the transfers to Memorial Regional Hospital if the need is of the above specified nature and a log of the patient's name, transferring and receiving physician, as well as the **appropriate** reason for transfer must be maintained.

Transfer from Memorial Hospital West to Memorial Regional Hospital for reasons other than those specified above must be approved by the Administrator-on-Call.

E. **All** air ambulance transfers, regardless of the receiving facility, must be approved by the Administrator-on-Call. For local (South Florida) air ambulance transfer of emergencies, contact the appropriate agency listed on Attachment #2.

F. Nursing Director/Administrative Officer will complete transfer request form attached (see Attachment #3) and coordinate transport.

G. Indigent Patients

When for medical reasons an indigent patient requires transfer to another hospital, transportation must be arranged either through a public agency or at the hospital's expense, with Administration's approval.

1. When transferring to the Veterans Administration Hospital (VAH), the attending physician should contact the VAH admitting physician, request and receive authorization for VAH transportation.
2. When transferring to Jackson Memorial Hospital (JMH) or another institution outside Broward County, a 24-hour advance notice should be provided to the Clinical Effectiveness Department; this will allow adequate time to secure transportation or approval for payment from the appropriate public agency, (i.e., Health and Rehabilitative Services (HRS), Broward County Primary Care, U.S. Public Health Department).

If the transfer to Jackson Memorial is an emergency and the patient is an active Medicaid recipient, the ambulance company is provided the Medicaid number for billing purposes and the Clinical Effectiveness Department is notified of the transfer as soon as possible for follow-up with HRS.

3. If payment for transportation cannot be obtained from any other source, or if possibility of assistance from a public agency cannot be determined, the transfer may be billed to the hospital, with Administration approval. The Clinical effectiveness Department should be contacted to investigate possible retroactive reimbursement.

V. Transfer of Patients to Memorial Healthcare System Hospitals

A. Subject to appropriate bed availability, staffing and other resources needed in the provision of care, patients in other hospitals having no insurance or other financial means of payment for services rendered, will receive approval for transfer if all of the following conditions are met:

1. The patient requires emergency treatment (which includes patients in active labor); and
2. The hospital seeking transfer does not have the service available to prevent deterioration of the patient's condition; and

3. An agreement exists between both the referring and accepting ER physicians concerning the stability of the patient's condition for transfer.

IN SUCH CIRCUMSTANCES, THE MEMORIAL HEALTHCARE SYSTEM HOSPITAL WILL NOT ASK QUESTIONS ABOUT THE PATIENT'S ABILITY TO PAY UNLESS THE TRANSFER IS APPROVED.

- B. Subject to the above requirements and the availability of appropriate bed space, staffing, and other resources needed for the care of specific patients, MHS may approve requests for transfer of the following patients:
1. Patients requiring or preferring services at a MHS Hospital who have adequate insurance or other financial resources to pay for hospitalization, shall receive approval for transfer. The Accounts Receivable Management Office will verify that insurance is in force and the nature of the benefits. Nothing in this section limits the Memorial Healthcare System's right to receive payment for services rendered to such patient or Memorial Healthcare System's right to seek transfer of the patient to any facility, including the original referring facility once the patient's condition is stabilized.
 2. Telephone calls may be received at any time of the day or night from administrators, nurses, social workers and doctors representing hospitals in and out of the South Broward Hospital District when seeking consent from an MHS representative, for a patient's acceptance to an MHS Hospital.
 3. Transfers within District Facilities:
The requirements specified in this Standard Practice apply equally to transfers between District facilities, including, without limitation, transfers between Memorial Regional Hospital, Memorial Regional Hospital South, Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke. For transfers to MHP between District Facilities, the Administrator On-Call's Designee is the receiving Hospital's Admitting/Bed Control Department. For difficult and/or complicated cases needing transfer to the respiratory care floor, prior approval must be obtained by the Director and/or Administrator as appropriate.

"Decanted" patients will be considered those patients in a MHS ED that require admission but can be transferred to an appropriate MHS facility due to capacity concerns at the present facility. "Decanting" as it relates to patients, is a process to relieve the pressure in an ED that is approaching capacity and level patient volumes across MHS.

"Decanting" is driven by the patient's diagnosis and initiated by a physician decision that the patient is medically appropriate to transfer. After the patient/Healthcare Surrogate gives consent to transfer, the patient is transferred to a MHS hospital unit.
 4. Medical Condition:

The following information should be obtained by the receiving physician (accepting physician/ER physician if emergent) concerning the patient's medical condition:

- a. Does the patient's condition warrant emergency or elective care?
 - b. Does the patient have a condition, illness, injury or disease which cannot be treated at the requesting facility?
5. **Except in situations involving patients who require emergency treatment.**
The following information must be obtained prior to the transfer request being evaluated by the Administrator-on-Call:
- a. **Residency:** The residency of the patient in the South Broward Hospital District should be verified by reference to the local telephone directory, current cross reference directory and through communication when required, with the patient, family members or friends. A resident of the South Broward Hospital District shall be defined as "any person" making his/her home or place of abode within the geographical boundaries of the hospital district and with no present intention of moving outside of the district.
 - b. **Financial Data:** The Accounts Receivable Management Office will verify insurance coverage and/or financial resources including eligibility for government assistance programs and district charity to pay for hospitalization.
 - c. **Stable for Transfer:** The patient transfer shall not be approved unless both the referring and receiving physician confer and reach a unanimous decision that the patient is in stable condition for transfer.
6. **Treating Physicians:** All transfer patients must be admitted by a member of the Memorial Healthcare System's medical staff. A physician may then be assigned when appropriate, in accordance with the Medical Staff By-laws and policies concerning assignment of patients.
7. **Clinical Effectiveness Department:** A Case Manager will evaluate the appropriateness of the transfer, based on MHS's criteria used for services to be rendered.
8. **Medical Records:** All transfers require any copies of pertinent portions of inpatients' and/or outpatients' medical records which include at a minimum, lab results, x-ray reports, EKG report, History & Physical and consultative reports, which are not contained in the electronic medical record.
9. **Hospital In-Patient Transfer Procedure from non-MHS Hospitals.**

For Memorial Hospital West:

- a. Day (8:00 a.m. – 6:30 p.m., Monday – Friday; 7:00 a.m. – 3:30 p.m., Saturday and Sunday): Calls should be routed to Bed Control. Bed Control will complete the Inter-Hospital Transfer Request form.
- b. Bed Control will verify the patient's insurance and obtain transfer and admission authority action, when necessary.
- c. The Nursing Director or the Administrative Officer when appropriate, will be notified of Transfer Request and will contact the Administrator-on-Call for approval.

For Memorial Hospital Pembroke:

- a. Weekdays (7:00 am to 4:00 pm): Calls should be routed to Admissions: Patient Financial Representative will contact the administrator on call for approval/disapproval;
 - i. Admitting will notify the referring hospital of the approval/disapproval;
 - ii. Admitting will complete the Inter-Hospital Transfer Request form; original will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 7:00 am) and holidays: Calls should be routed to the Administrative Officer who will consult with the Patient Financial Representative and obtain approval for the transfer from the Administrator-On-Call.
 - i. Administrative Officer will notify the referring hospital of approval/disapproval.
 - ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed. Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Hospital Miramar:

- a. Weekdays (8:00 am to 4:00 pm): Calls should be routed to the Clinical Effectiveness Department. The CE Director or designee will contact Bed Control to review demographics, reason for transfer, referring physician service availability and for verification of insurance coverage and authorization. The CE Director or designee will then contact the Administrator on Call for approval.
 - i. If approved, Bed Control will complete the Inter-Hospital Transfer Request form and the CE Director or designee will notify the originating facility; the original form will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 8:00 am) and holidays: Calls should be routed to the Administrative Officer who will contact the Clinical Effectiveness Director or designee to obtain approval for the transfer from the Administrator-On-Call.
 - i. Administrative Officer will notify the referring hospital of approval/disapproval.
 - ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed. Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Regional Hospital/ Memorial Regional Hospital South/Joe DiMaggio Children's Hospital:

- a. Calls should be routed to the Call Center/Transfer Center 24/7. The Transfer Center RN or Bed Control Representative will complete the Inter-Hospital Transfer Request form, for all transfers other than ED to ED.
 - i. Inter-Hospital Transfer Request form will be forwarded to Patient Financial Service Representatives/Bed Control for insurance verification.

- ii. Patient Financial Service Representative recommends approval/disapproval of insurance and forwards Inter-Hospital Transfer Request form to Transfer Center RN.
 - iii. Transfer Center RN/ Director of MHS Transfer Center/ Administrative Director of Patient Financial Services or designee approves/disapproves transfer request, except in those circumstances previously specified in Section V.A.4.
 - iv. Bed Control will be notified of approval/disapproval in a timely manner.
 - v. The Transfer Center RN or Bed Control will notify the referring hospital of approval/disapproval. After business hours, the Transfer Center RN will notify the Administrative Officer for approval/disapproval. The Administrator-On-Call is notified at the discretion of the Administrative Officer.
- b. Requests for all Behavioral Health patient transfers, whether from an inpatient or emergency department setting, will be routed through the Call Center/Transfer Center.

Joe DiMaggio Children's Hospital Transport Team

When a request is made for transportation using the services of the Neonatal/Pediatric Transport Team for the Joe DiMaggio Children's Hospital, the following procedure should be followed:

- a. The request will be evaluated by the Transport Team and the Neonatologist or Pediatric Intensivist on duty at the Joe DiMaggio Children's Hospital. If the transport or transfer request is accepted by the Transport Team, in conjunction with the Transfer Center RN and the Neonatologist or Pediatric Intensivist, approval by the Administrator-on-Call is not required, except for International patients.
- b. All transfer requests are routed via the Transfer Center, (954) 986-6330 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the JDCH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
- c. If the request for transport or transfer is not accepted by the Transport Team, the request for transfer shall be forwarded to the Nurse Manager/Supervisor and the procedure applicable to all other transfer requests shall be followed.

Memorial Regional Transport Team

When a request is made for transportation using the services of the Adult Transport Team (Cardiovascular, Maternal Fetal or Neuro Science Transport Team) the following procedure should be followed:

- a. All transfer requests are routed via the Transfer Center, (954) 265-6338 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the MRH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
10. ED to ED Transfers: Calls will be routed to the Call Center/Transfer Center 24/7 and the patient will be approved based on physician to physician report.

11. Maintenance of Records and Logs

Each MHS Hospital shall maintain records of each transfer made or received for a period of ten years. These records shall be included in a transfer log, as well as in the permanent medical record of any patient being transferred or received. Each MHS Hospital shall maintain a record log of all patients who request emergency care and services, or persons on whose behalf emergency care and services are requested, for a period of ten years.

VI. Emergency Response on Hospital Property

Hospital property means the entire main hospital campus, including the parking lot, sidewalk and driveway, but excluding other areas or structures that are located within 250 yards of the hospital's main building and are not part of the hospital, such as physician offices, restaurants, shops, or other non-medical facilities. It also includes medical facilities of the Memorial Healthcare System that function as departments of a Memorial Healthcare System hospital, including those located off the hospital campus.

If any person on hospital property requires or reasonably appears to need examination or treatment for an emergency medical condition, staff shall respond to the extent of available staff and equipment and when necessary and appropriate, arrange for transportation of the person to the hospital's emergency department.

When necessary and appropriate to arrange for treatment and/or transportation, staff may dial 911 and obtain EMS services. Treatment if required, shall be provided to the extent of available staff and resources and should continue while awaiting EMS response.

VII. Transportation of a Patient from an Off-Campus Hospital Department

A. Department personnel shall:

1. Arrange for transportation of the patient unless refused by the patient or guardian or healthcare surrogate or proxy.
2. Transportation shall be the closest and most appropriate facility necessary to prevent injury to the patient.
3. Whenever possible, consistent with (1.) and (2.) above, arrange for transportation to the closest Hospital District Hospital with appropriate facilities to provide emergency services and care to the patient. Transportation shall be by EMS unless refused by the patient or determined not to be necessary by a physician.
4. Contact the destination Emergency Department to prepare for the patient's arrival.

FOR PATIENTS UNDER THE BAKER ACT, REFER TO THE MHS STANDARD PRACTICES TITLED "INVOLUNTARY COMMITMENT, BAKER ACT" AND "TRANSFER REQUEST—BAKER ACT."


Aurelio M. Fernandez, III, FACHE
President and Chief Executive Officer

ATTACHMENT #2

Air Ambulance Agencies

Administrator-On-Call approval is needed prior to contact.

Local Emergency Transfer (Orlando and South)

1. Broward Sheriff's Department
305-765-4321 Dispatch
305-772-3670 Airport Station
2. Metro Dade
305-596-8571 Dispatch
305-233-5000 Special Detail Office
3. Coast Guard Air Station
305-536-5611 Rescue Coordination Center
Agencies to Contact (Fixed Wings)
Long Distance (North of Orlando)

Air Force (Mast) Assistance/Coast Guard (Miami):

To be used as last resort in the event that no commercial carrier is available, or medical intervention of immediate nature is needed;
Contact Coast Guard Rescue Coordination Center at **305-536-5611**.

Commercial Air Ambulances.

Aero Ambulance Int'l.	800-749-2376
Air Ambulance America	800-262-8526
Air Ambulance Professional	800-752-4195
Air Care Int'l	800-762-7060
Air Medical Services	800-443-0013
Air Trek, Inc.	800-633-5387
Airborne Medical Service	800-241-1234
Care Flight	800-282-6878
Corporate Angels (Indgt)	914-328-1313
Eastern Air Charter	800-370-8680
Federal Air Ambulance	800-336-4586
Lifeguard Air Ambulance	800-262-4688
Lifeguard Air Rescue	800-446-7142



FINANCIAL ASSISTANCE POLICY

Revised March 24, 2021

I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care is covered under the financial assistance policy. Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case by case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all South Broward Healthcare District facilities. Note that Memorial Ambulatory Surgery Centers are not included because they are either not owned or operated by the South Broward Hospital District.

This Financial Assistance Policy will help you understand when financial assistance will be given.

The patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG). The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and awaiting litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, which may be for one account or multiple accounts combined.

Patients may elect not to provide financial documentation but instead take advantage of the discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no

safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will perform credit and asset checks to determine the patient's or responsible party's ability to pay. MHS will gather information about a patient's or other responsible party's income and assets and, if required, their expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. Patients will be screened for Medicaid eligibility and must complete the application process prior to evaluation for Financial Assistance.
- D. Patients maybe presumptively screened for financial assistance. This screening includes review of assets, liabilities, income and expenses using Transunion community based and credit based proprietary models.
- E. A Patient or responsible party may request financial assistance for any debt greater than \$500. This includes account balances after insurance payment. The following criteria is used when MHS considers the request:
 - i. Patient or responsible party may qualify for 100% discount if the following applies:
 - 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
 - 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (Per the 2020 FPG a family of four which makes \$52,400 per year is at 200% of the FPG), as described in Table A; and
 - 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

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4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4 or
5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state and federal law enforcement agencies.

ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:

1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2021 FPG a family of four which makes \$106,001 is at 400%) of the FPG;
2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.

iii. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.

- F. MHS will send a written statement to patients or responsible parties when they qualify for Financial Assistance.
- G. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here: <https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>
- H. Income and asset, and if required expense and liability information for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for

some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.

- I. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:
 - i. Outpatient Pharmacy services
 - ii. Primary Care Clinic visits
 - iii. Hospital outpatient services
 - iv. Emergency Department visits
- J. Patients can apply for financial assistance up to 1 year after the date of service.
- K. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.

III. **BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS**

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method", which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. **FINANCIAL ASSISTANCE APPLICATION PROCESS**

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any Patient or responsible party states they are not able to pay their balance, or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department. Prior to assessing the patient for MHS financial assistance, the Eligibility staff will determine if the patient qualifies for Medicaid or any other assistance program.

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing and by phone call of missing or incomplete documentation.
- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. TransUnion – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E
- C. MHS may use an abbreviated Financial Assistance approval process for Patients or responsible parties or accounts that meet the following criteria:

- i. Medicaid exhausted days or outpatient benefits
- ii. Involuntary treatment under the Baker Act
- iii. The patient is deceased and no estate has been filed with the court of the patient's county of residence, after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.

D. All applications will receive equal consideration and have a determination made based on the FPG and the patient's ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

- A. The following steps will be taken to collect patient balances if no financial assistance is requested, or after financial assistance has been denied:
- i. An initial bill is sent to the Patient or responsible party after discharge.
 - ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
 - iii. Calls may be placed during this time period.
 - iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment

received, the account may be placed with a primary debt collection agency

- v. After 1 year the account may be placed with a secondary debt collection agency
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collections actions stated below in this section.
- i. filing any lawsuit
 - ii. filing for a judgment
 - iii. reporting to one or more credit bureau(s)
 - iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/patients/billing/financial-assistance.cfm, in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.

Table A: Financial Assistance Discount Matrix

Memorial Regional Hospital

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	76% Discount

Memorial Regional Hospital South

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	76% Discount

Joe DiMaggio Hospital

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	76% Discount

Memorial Hospital West

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	81% Discount
351% - 400% of FPG	79% Discount

Memorial Hospital Pembroke

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount
351% - 400% of FPG	78% Discount

Memorial Employed Physician Group/Urgent Care/Specialty Pharmacy

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	75% Discount

Memorial Hospital Miramar

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	78% Discount

MEMORIAL HEALTHCARE SYSTEM

Formulario de Evaluación Económica

Número de Cuenta:	Número de Registro Médico:
-------------------	----------------------------

Nombre del Paciente: _____
 Dirección: calle y número: _____
 Ciudad: _____ Estado: _____
 Número de Teléfono: _____
 Código Postal: _____

Complete el siguiente formulario en su totalidad con datos veraces. La información que aporte será verificada. **La ley de la Florida, en su artículo 817.50, establece que aportar información falsa para defraudar a un hospital con el objeto de obtener bienes o servicios constituye un delito menor de segundo (2º) grado.**

Nombre de Todos los miembros que componen la familia	Fecha de Nacimiento	Vínculo con el paciente	Empleador

Ingreso mensual		Gastos mensuales	
Sueldo bruto del responsable	\$	Alquiler o Hipoteca	\$
Sueldo bruto del cónyuge	\$	Electricidad	\$
Otros Ingresos:	\$	Teléfono	\$

Activo	
Cuenta corriente	\$
Cuenta de Ahorros/ Mercado de dinero/ CD	\$
Valor de inmueble(s) para vivienda	\$

Certifico que la información aportada es fiel y exacta y refleja mi situación económica personal. Asimismo, certifico que no hay otra cobertura de seguro para este paciente, salvo la que se indicó en la fecha en que el paciente se asoció. Estoy informado de que aportar información falsa es causa de denegación de solicitudes de ayuda económica por medio del South Broward Hospital District el cual opera con el nombre Memorial Healthcare System. En el supuesto de tener derecho a iniciar acción judicial contra un tercero pagador, o al beneficio de una compensación por parte de éste, tomaré las medidas necesarias o exigidas por el Memorial Healthcare System para obtener tal beneficio, que destinaré a Memorial Healthcare System; con el cobro del beneficio, le pagaré el total del importe recuperado hasta saldar la deuda que reflejan las facturas a mi nombre. Esta solicitud será denegada si no cumplo con la solicitud de ayuda, como se indica, o no concluyo el trámite de solicitud, o no tomo las medidas razonablemente necesarias o exigidas por el Memorial Healthcare System. Asimismo, autorizo al Memorial Healthcare System a verificar mi historial crediticio a través de la agencia de información de crédito si lo considera apropiado.

Firma del paciente (Responsable)

Fecha

Testigo

Fecha

MEMORIAL HEALTHCARE SYSTEM
Emergency Room Financial Evaluation Form

Account Number _____	MR Number _____
----------------------	-----------------

Patient's Name: _____ Telephone#: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Please provide the following information completely and accurately. Information is subject to verification. ***In accordance with Florida Statute Section 817.50, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree.***

List of household Members	Date of Birth	Relationship to Patient	Employer

Monthly Income		Monthly Expenses	
Responsible Party's Gross Salary	\$	Rent or Own	\$
Spouse's Gross Salary	\$	Electricity	\$
Other Income:	\$	Phone	\$

Assets	
Checking Account	\$
Savings/Money Market/CD's	\$
Value of Residences(s)	\$

I certify that the information provided above is an accurate and true representation of my financial information. I also certify that there is no additional insurance coverage for this patient other than what was listed at time of registration. I understand that providing false information will result in denial of the application for any type of financial assistance through the South Broward Hospital District d/b/a Memorial Healthcare System. If I am entitled to any action against or settlement from third party payors, I will take any action necessary or requested by Memorial Healthcare System to obtain such assistance and will assign to Memorial Healthcare System, and upon receipt will pay to Memorial Healthcare System, all amounts recovered up to the total amount of the outstanding balance on my bill. My failure to apply for such assistance or to follow through with the application process or take those actions reasonably necessary or requested by Memorial Healthcare System will result in the denial of this application. I also authorize Memorial Healthcare System to check my credit history through the credit bureau, if deemed appropriate.

 Signature of Patient (Responsible Party)

 Date

[Label]



TABLE C

SECTION 1: IDENTIFICATION

Please provide **ONE** of the following:

- Current Florida ID
- Current Driver's License
- For applicants not eligible to obtain a Florida ID: an alternative government-issued ID must be provided

SECTION 2: ELIGIBILITY

If you are a US citizen or legal resident for 5 years or more

AND you are 65 years or older, **OR** receiving disability benefits, **OR** have any dependents children under 18 years old in your household, you **MUST** provide **ONE** of the following documents:

- Proof of Medicaid Application **prior** to applying for this program
- Medicaid Denial Letter

PROOF OF RESIDENCE

The following documents **MUST** be addressed to **you or your spouse**:

SECTION 2A

Please provide **ONE** of the following:

- Current FPL bill
- Current Water/Sewer bill
- Current Home Phone bill
- Current Cable bill
- Current Internet bill
- Current Satellite TV bill

AND ONE of the following:

- Current Mortgage Statement
- Homestead Exemption
- Property Tax Statement
- Property Deed
- Lease Agreement*
- Current Auto Registration
- Notarized Proof of Address
- Sublet Lease Agreement

*If the lease agreement states that the utilities are included in the rent, two pieces of business or government correspondence addressed to you are required in addition to the lease agreement

If SECTION 2A is completed, you may skip SECTION 2B and 2C and continue to SECTION 3 and 4.

If you are unable to submit the TWO documents from SECTION 2A, you **MUST** complete SECTION 2B and 2C first.

SECTION 2B

If you sublet or rent a room, or do not pay for your own living arrangements, you **MUST** provide **TWO** of the following. The documents must not be more than 90 days (3 months) old:

- Business Correspondence: Credit card statement, Bank statements, Car loan statement, Any personal bill
- Government Correspondence: Food Stamps letter
- Declaration of Domicile form from the Broward County Governmental Center
- Proof of Rent Payments
- School Schedule

SECTION 2C

If you do not pay for your living arrangements, you **MUST** provide **ALL** of the following in addition to the documents listed in SECTION 3B:

- A Notarized Letter of Support from the person who is helping OR a Notarized Homeless Affidavit from a South Broward District Homeless Shelter (Letter must not be older than 30 days)
- Proof that you are the child, parent or sibling of the supporter OR that the supporter claims you for federal income tax purposes OR Proof of enrollment in an appropriate, recognized, social service program for the homeless in the South Broward District

- For applicants providing a Letter of Support: a copy of your supporter's photo ID must also be provided

SECTION 3: PROOF OF CITIZENSHIP/ IMMIGRATION STATUS

Non-citizens and visitors:

MUST provide **ONE** of the following for each member of the household:

- Work Authorization card
- Proof of residence in South Broward County
- Florida ID or Social Security card
- Passport with Visa and I-94
- Resident card

SECTION 4: PROOF OF INCOME

Legally married or unmarried partners with children **MUST** provide income for all family members

Please provide **ONE** of the following:

- Paycheck stubs showing gross income for the last 6 weeks for you, your spouse or domestic partner and all family members
- A dated letter from your employer, on company letterhead, stating hours worked and gross pay
- For self-employed applicants: a completed Declaration of Income Form may be accepted

Please provide **ALL** that apply:

- Aid to Family with Dependent Children
- Alimony
- Child Support
- Disability Income
- Social Security Income
- Unemployment Compensation
- Pensions
- Dividend Income
- Annuities
- Worker's Comp

Please provide **ONE** of the following:

- Last 3 consecutive statements for ALL personal (checking, savings, IRAs, CDs, money market, and bonds) AND business bank accounts for you, your spouse (or Domestic Partner), and dependents
- Applicant and/or supporter's proof of payment for all monthly expenses for the last 3 months (i.e., money orders, cash receipts, cancelled checks)

Please provide **ONE** of the following:

All pages must be provided including 1040 forms, W-2 forms, 1099's and all schedules

- Current income tax return – if filing separately, both Tax Returns must be provided (**all forms /pages**)
- Personal and business income tax returns for you, your spouse, and all other family members (**all forms /pages**)
- 4506-T Form: Request for Transcript of Tax Return (**Call IRS at 1-800-908-9946 for free copy of transcripts**)
- If you are self-employed, you MUST provide the entire Income Tax Return form. (**all forms /pages**)

Non-citizens and visitors:

Please provide the following:

- Proof of payment for travel to US
- Proof of income/expenses from country of origin
- Proof of support while in the US
- US sponsor

**Additional information/documentation may be requested to complete your application. All information is subject to verification.
For additional eligibility questions, please contact Customer Service at (954) 276 5501.**

Table D: Governmental Websites

Sunbiz.org	Division of Corporation for Florida
BCPA.com	Broward Property
Knowx.com	Marriage/divorce records
clerk-17th-flcourts.org/ClerkWEbsite/welcome2	Domestic violence, foreclosure, paternity test, divorce
CMS.gov	Federal Poverty Guidelines
broward.org	Foreclosures, addresses, properties, liens, settlements, etc
sheriff.org	Broward County Corrections
i94.cbp.dhs.gov	US Custom and Border Patrol
bop.gov	Federal Prison
services.flhsmv.gov	Florida DMV
dc.state.fl.us/inmateinfo/inmateinfomenu	Florida Department of Corrections
egvsys.miamidade.gov	Miami Dade Corrections
myfloridalicense.com	Licenses
oris.co.palm-beach.fl.us	Palm Beach Property Records
miami-dadeclerk	Miami Dade Public Records