

## Panama City Surgery Center

### SUBJECT: Financial Assistance and Charity Care

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**Policy:** The Panama City Surgery Center (PCSC) collects all copayments, coinsurances and deductibles at or before the date of service. Per Florida Law, patients may request an estimate of charges for the scheduled procedure prior to the date of service. Steps for obtaining financial assistance or charity care will be made available upon request. The **Facility Administrator or Business Office manager** will review each request for financial assistance or charity care and approval will be based on criteria outlined in this policy.

**Purpose:** To establish consistent eligibility requirements for patients requesting financial assistance or charity care in accordance with Florida Law.

**Scope:** All patients.

**Procedure:**

**Request for Charge Estimates:**

1. In accordance with Florida law, upon verbal or written request, PCSC will provide the patient in writing or by electronic means a good faith estimate of Facility's anticipated gross charges based on the patient's procedure(s) as indicated by the physician/surgeon to treat the patient's condition within seven (7) business days of the request (if a patient is insured, the contracted insurance rates will supersede the gross charges estimate).
2. As with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary for the physician to perform additional or different procedures and/or to use more/less expensive supplies or implants. The use of implants and/or the difference in procedures may cause the estimate to vary significantly. **However, it is understood that final gross charges and patient responsibility will depend on actual services provided and may or may not exceed the original estimate.**
3. The estimate of charges being provided to the patient is for the Facility only. If the patient would like a written estimate from other health care providers who will provide services in the Facility, he/she should contact each health care provider as well as asking if they participate as a network provider or preferred provider for that patient or prospective patient's individual health maintenance organization (insurance company).
4. Prior to or on the day of surgery, before services are provided, it is PCSC's policy to collect in full all deductibles, co-insurances and copayments as determined by the patient's individual insurance company. If the patient does not have health insurance PCSC will collect 100% of gross charges, or if a bundled payment plan is established, PCSC will collect 100% of the bundled rate.

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5. The patient or prospective patient may contact his/her health insurer or health maintenance organization (insurance company) for additional information concerning patient portion responsibilities.

#### Covered Services:

Florida law requires us to notify the patient or prospective patient that:

1. Services may be provided in this health care facility by the facility as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as the facility.
2. The patient or prospective patient may or may not pay less for the services being provided at another facility or in another health care setting. Please know that the attending physician who scheduled the patient's procedure(s) at the Facility may or may not be on the medical staff of other such facilities.

The Facility does not employ its own physicians. Each physician or provider of service will bill separately for his/her services and follows his/her own billing and collection procedures. There are no providers, other than the Facility itself, delivering medically necessary services in the Facility who are covered under this policy.

#### Charity Care

1. Every patient requesting charity care write-offs must complete a **Financial Assistance Application** and attach any and all applicable documentation. Patients are requested to apply 72 hours (3 days) prior to receiving service. Applications will not be considered more than 60 days after insurance pays. Refunds of amounts paid prior to application approval will not be made.
2. Income verification will be required by one or more of the following: pay stubs, W-2 forms, tax returns, an employer written statement, or 2 personal letters (no more than one family declaration). Other documentation required includes but is not limited to copies of the following:
  - Medical bills
  - Utility bills
  - Car payment stubs
  - Rent receipts
  - Bank statements
  - Alimony/child support receipts
  - Government assistance receipts
  - Other income/investment statements

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3. Each application will be considered for a specified amount. The approval of an application will not be considered as an approval for any or all future accounts. Each application will require new verification information to be considered for charity for each date of service.
4. The Facility Administrator or Business Office Manager must approve all balances to be written off as Charity Care.
5. Each patient applying for charity care must make a good faith effort, as determined by the Facility, to obtain coverage from available public assistance programs such as:
  - Medicare
  - Medicaid
  - Vocational rehabilitation
  - Victims of Crime
  - Children Special Services
  - Church program
  - Care Credit
  - Bay Cares

A patient who refuses to apply or follow through with applications for other assistance will not be eligible for charity care. ***Under current law, Medicare deductible and coinsurance amounts are not eligible for charity care.***

Medicaid patients who meet our financial guidelines and receive services determined to be non-covered by Medicaid will be deemed covered expense for charity care and will not require the application process.

6. In the case of patients who are faced with catastrophically large medical bills, the Facility Administrator may make a discretionary recommendation that the patient is medically indigent and thus is eligible for charity care. This determination will be made on a case-by-case basis and will require verification of all medical expenses.
7. To receive a *Financial Assistance Application form*, please contact the business office at 850-769-3191.
8. The Center reserves the right to reverse charity care approval if the information provided by the patient in the application is later determined to be falsified or is compensation for services obtained from another source.

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9. The Facility's Business Office Manager or Administrator is granted the authority to provide eligibility and determination exceptions to this Policy on a case-by-case basis as appropriate to an individual patient's facts and circumstances.