

INDIANHEAD MEDICAL CENTER, INC.
SHELL LAKE, WI 54871

Manual:
Effective:

Date Last Reviewed:

01-07-2020

Administrator or Medical Staff:

(Signature)

(Title)

Recommender:

(Signature)

(Title)

Concurrences:

(Signature)

(Title)

Department: BUSINESS OFFICE

Category:

Subject: CHARITY CARE

PURPOSE:

METHOD OF PROVIDING PAYMENT OPTIONS FOR UNINSURED PATIENTS.

RESPONSIBILITY:

THE BUSINESS OFFICE MANAGER, UNDER THE DIRECTION OF THE CFO, IS CHARGED WITH THE ADMINISTRATION OF THE CHARITY CARE.

POLICY:

- I. IN KEEPING WITH THE HOSPITAL'S MISSION TO PROVIDE "CARE TO MEET THE NEEDS OF EACH INDIVIDUAL IN OUR COMMUNITY" AND FURTHER TO SHOW "COMPASSION IN MEETING THESE NEEDS...WITHIN THE LIMITS OF AVAILABLE RESOURCES. IMC WILL HAVE CHARITY CARE AVAILABLE TO INDIGENT PATIENTS WHO MEET THE FOLLOWING CRITERIA:
 - A. THERE IS PROVEN FINANCIAL NEED.
 - B. THE PROSPECTIVE PATIENT MUST MEET THE SCREEN FOR STATE MEDICAL ASSISTANCE AND FALL UNDER THE FEDERAL POVERTY GUIDELINES. THIS DETERMINATION WILL BE MADE BY DESIGNEES FROM THE BUSINESS OFFICE.
- II. CHARITY HOSPITALIZATION AUTHORITY SHALL BE CONFINED TO USUAL AND CUSTOMARY HOSPITALIZATION CHARGES.
- III. WHENEVER POSSIBLE REQUEST FOR CHARITY CARE IS MADE IN ADVANCE OF DELIVERY OF SERVICES.
 - A. THE BUSINESS OFFICE MANAGER WILL HAVE AVAILABLE INFORMATION AND APPLICATIONS FOR THOSE PATIENTS SEEKING CHARITY CARE ASSISTANCE.
 - B. APPLICATIONS FOR CHARITY CARE WILL BE SECURED BY THE BUSINESS OFFICE MANAGER.
 - C. A REQUEST FOR "CHARITY WRITE OFF" FORM WILL BE COMPLETED AND FORWARDED TO THE BUSINESS OFFICE ONCE THE PATIENT HAS BEEN APPROVED.
 - D. THOSE PATIENTS DEEMED NOT ELIGIBLE WILL BE GIVEN AN EXPLANATION, AND COUNSELED REGARDING OTHER OPTION THAT MAY BE AVAILABLE TO THEM, BY BUSINESS OFFICE MANAGER.