

**INDEX TITLE:** Billing

**SUBJECT:** Financial Hardship

**EFFECTIVE:** March 26, 2012

**REVISED:** May 31, 2013

**REVISED:** May 20, 2015

**REVISED:** January 9, 2017

I. POLICY

It is the policy of Premier Medical Associates (PMA) to assist patients experiencing financial difficulties providing certain income or other criteria are met.

PURPOSE

To ensure that patients are offered an opportunity to be considered for relief from payments when certain income or other criteria are met.

II. PROCEDURE

1. Patients identified as potential candidates for the PMA Financial Hardship Program will be referred to the Customer Service Representatives within PMA's billing office.
2. The Customer Service Representative will require the patient to apply for Pennsylvania Medical Assistance before going forward in the application process. If the patient is eligible for Pennsylvania Medical Assistance, they will not be eligible for PMA's Financial Hardship Program.
3. If the candidate receives a denial letter from PA Medical Assistance, they will be required to send the letter and the last three months of income documentation to the billing office.
4. Once the denial letter and income documentation is received, the customer service representative will contact the patient and conduct a phone screen to obtain the information required for the online Experian Healthcare Application Program.
5. Once the information is entered and processed in the Experian Healthcare Application Program, it will indicate if the candidate is approved for the PMA's Financial Hardship Program.
6. Approval is dependent on the following:
  - a. income being below 200% of the Federal poverty level or
  - b. qualifying for financial hardship forgiveness at Forbes Regional Hospital (required under the terms of PMA's Hospitalist Agreement with FRH) or
  - c. other extenuating circumstances.

7. Once approved, the billing department will notify the patient by letter and the patient's account will be noted as well as those of any other family member(s) listed on the application form.
8. All medically necessary services will be covered with the exception of infusion drugs or high cost drugs/vaccines which are not eligible through PMA's Financial Hardship Program. PMA has the right to determine medical necessity.
9. Hardship approval is effective for one year from the date of approval.

**SIGNED:** \_\_\_\_\_

Mark DeRubeis  
Chief Executive Officer, Premier Medical Associates

**SIGNED:** \_\_\_\_\_

Robert Crossey, D.O.  
President, Premier Medical Associates