

**Financial Assistance Program (FAP) Policy Summary**

The mission of the Athens Surgery Center LLC (ATHSC) is to create and deliver high quality healthcare services that improve the health and well-being of the individuals we serve. ATHSC’s vision is to deliver world-class healthcare. To eliminate financial barriers for ATHSC’s patients with limited means to pay for medically necessary services provided in our Ambulatory Surgery Center (ASC), ATHSC provides various levels of financial assistance to eligible patients under its Financial Assistance Program (FAP) policy. This policy only covers qualifying ASC services and may include services already performed and billed.

**HOW TO QUALIFY FOR FAP**

**Step 1: Determine if household income is within Federal Poverty Level (FPL) and FAP program guidelines.**

ATHSC provides a Minimum Charitable Allowance (MCA) for all uninsured individuals, equal to the difference between the charges for medically necessary services and the federally defined “Amounts Generally Billed (AGB)”.

Further additional levels of financial assistance are determined by both FPL and FAP policy guidelines. FPL is federally defined as the minimum amount of gross income (before taxes) that an individual or family needs for food, clothing, transportation, shelter and other necessities. ATHSC considers individuals or families at 125 percent FPL or below have by its definition, limited means to pay for medically necessary hospital services, and as a result, provides for additional financial assistance above the MCA to these individuals, such that they will receive 100% free hospital care. For individuals or families between 126 percent and 200 percent of FPL, ATHSC provides additional financial assistance up to 97% of the federally defined AGB. For individuals between 201 percent and up to the maximum 300 percent FPL, additional financial assistance maybe provided, dependent on their household income level and whether they meet the “Qualifying Assets” test.

Below, in the first column is Family Size in the FAP table, find the number that applies – from an individual living alone to the number of spouse, parents and their children under age 21 living in the same household. The number includes minor children living with a legal guardian. Then, match the total household income range listed on that line to establish a FAP category. Patients not FAP-eligible based on income guidelines alone may be able to receive financial assistance if necessary medical expenses have depleted the family’s income and resources (medical indigency). Also, ATHSC or a third-party will try to assist patients in determining if sources of insurance or financial assistance are available through government-sponsored or other community benefit programs to help reduce healthcare costs.

**Patient Guide to FAP – Household Income Up To 300% FPL**

| Family Size | 125% or less Category 1 | 126% - 200% Category 2 | 201% - 250% Category 3 | 251% - 300% Category 4 |
|-------------|-------------------------|------------------------|------------------------|------------------------|
| 1           | \$0 - \$18,225          | \$18,226 - \$29,160    | \$29,161 - \$36,450    | \$36,451 - \$43,740    |
| 2           | \$0 - \$24,650          | \$24,651 - \$39,440    | \$39,441 - \$49,300    | \$49,301 - \$59,160    |
| 3           | \$0 - \$31,075          | \$31,076 - \$49,872    | \$49,873 - \$62,150    | \$62,151 - \$74,580    |
| 4           | \$0 - \$37,500          | \$37,501 - \$60,000    | \$60,001 - \$75,000    | \$75,001 - \$90,000    |
| 5           | \$0 - \$43,925          | \$43,926 - \$70,280    | \$70,281 - \$87,850    | \$87,851 - \$105,420   |
| 6           | \$0 - \$50,350          | \$50,351 - \$80,560    | \$80,561 - \$100,700   | \$100,701 - \$120,840  |
| 7           | \$0 - \$56,775          | \$56,776 - \$90,840    | \$90,841 - \$113,550   | \$113,551 - \$136,260  |
| 8           | \$0 - \$63,200          | \$63,201 - \$101,120   | \$101,121 - \$126,400  | \$126,401 - \$151,680  |
| *           | \$6,425                 | \$10,280               | \$12,850               | \$15,420               |

*\*For each family member over eight, there are incremental increases in salary range qualifiers for discounts.*

**STEP 2: Complete a FAP application with supporting financial documentation.**

To be considered for the FAP, uninsured or underinsured patients must complete an application and disclose any sources of insurance and/or means of payment to establish proof of need. A completed FAP application includes all required supporting documents such as bank statements, tax returns and other income verification information

to help ATHSC determine eligibility for full financial assistance (indigent care) or partial financial assistance (charity care). Applications are available online at <https://www.southernpainandspine.com/> and upon request at our facility registration and/or discharge areas. Applications may be submitted within 240 days following the service date or the first post-discharge statement. In the event an application is lacking required information, the patient will be notified in writing or via and given 30 days from the date of the notification to resubmit. FAP status is communicated within 30 days of receiving a completed application. If approved, the level of FAP is effective for 6 months. Patients will be responsible for paying any reduced amount remaining based upon FAP policy. **For application assistance, patients may call 678-971-4167. Please address completed applications and any other FAP-related correspondence to: ATHSC FAP Department, 601 Broad Street, Gainesville, GA 30501.**