

To begin the financial assistance process, complete this application form and mail or fax it to Ranken Jordan, or turn it in to the Reception Desk. **For questions, please call 314-872-6400** and ask to speak to someone in patient accounts.

Responsible Party

Name: _____

Birth Date: _____ / _____ / _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Contact Phone #: _____

Please list all children in your home receiving care at Ranken Jordan:

1. Patient Name

Birth Date _____ / _____ / _____

2. Patient Name

Birth Date _____ / _____ / _____

Are there any other children living in your home that you are responsible for?

Yes No

If YES, please list the names and birth dates of other children under the age of 18.

1. Child's Name

Birth Date _____ / _____ / _____

2. Child's Name

Birth Date _____ / _____ / _____

3. Child's Name

Birth Date _____ / _____ / _____

Does the patient's other parent live with you?

Yes No

If YES, please list the other parent's name.

Does the patient have health insurance?

Yes No

If YES, please list insurance information.

Name of Insurance: _____ Policy #: _____

Family Income

Include all adult family members.

Monthly Gross Income: _____

Unemployment Income: _____

Other Monthly Income: _____
(Do not include child support or public assistance.)

Required Documentation

Submit completed application and a copy of your most recent federal tax return or copies of your three (3) most recent paycheck stubs.

Forward all Required Documentation to:

Mailing Address: Ranken Jordan Pediatric Bridge Hospital
Attn: Patient Accounts Department
11365 Dorsett Road
Maryland Heights, MO 63043

Fax: Attn. – Patient Accounts Department
314-872-6501

If you need assistance completing your application, please contact us at 314-872-6400 and ask to speak with someone in patient accounts, or to speak with someone in-person, visit 11365 Dorsett Road, Maryland Heights, MO 63043, and our reception team will contact someone to come meet with you. Hours of availability are Monday through Friday, 8:00 a.m. – 4:00 p.m.

I request Ranken Jordan Pediatric Bridge Hospital use all submitted information to determine if I am eligible for financial assistance.

Responsible Party's Signature

Date

Relationship to Patient

<h1>RankenJordan®</h1> <p>PEDIATRIC BRIDGE HOSPITAL</p>	DATE INITIATED	04/2014
	REVIEW DATE	12/2024
	PATIENT SCOPE	<input type="checkbox"/> INPATIENTS <input type="checkbox"/> OUTPATIENTS <input checked="" type="checkbox"/> N/A
POLICY CHAPTER: FINANCE	DEPARTMENTS AFFECTED	1. Finance 2. Patient Accounts
POLICY TITLE: FINANCIAL ASSISTANCE PROGRAM		

PURPOSE

To ensure financial assistance is available to all eligible patients.

POLICY

Financial assistance is provided to eligible patients who are unable to satisfy their financial responsibility for medical services. Ranken Jordan will provide, without discrimination, care for emergency medical conditions (within the meaning of the EMTALA statute) to individuals regardless of their eligibility under the hospital’s financial assistance policy.

Ranken Jordan will not use financial assistance to induce referrals for items of services reimbursable by any federal health care program and will not offer discounts to influence a federal health care program beneficiary’s choice of provider.

DEFINITIONS

Annual Household Income –

The combined gross income of all the members of a household who are 15 years old and older. A household consists of all persons who occupy a housing unit (house or apartment), whether they are related to each other or not.

Federal Poverty Guidelines – Poverty guideline updated annually in the Federal Register by the U.S. Department of Health and Human Services.

Medical Services – All health care services provided at Ranken Jordan, including inpatient and outpatient care.

Patient – Patient or the patient’s parent, legal guardian, or other individual who is legally responsible for payment to Ranken Jordan for services rendered.

PROCEDURE

Eligibility Criteria:

To be eligible for financial assistance the patient must:

1. Exhaust all third-party funding sources. These sources include:
 - a. Group or individual medical plans and health insurance
 - b. Medicare or Medicaid Programs
 - c. Other federal, state, tribal or military program
 - d. Third-party insurance
 - e. Health Reimbursement Accounts (HRAs)
 - f. Grant or trust funds for which the patient may be eligible
 - g. Any other funding from a person or entity that may have a legal responsibility to pay
2. Complete a financial assistance application.
3. Provide all documentation required by the financial assistance application.
4. Have an annual household income less than or equal to 400% of the then current Federal Poverty Guidelines.

Eligibility for financial assistance is determined regardless of race, color, sex, religion, age, national origin, or immigration status.

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Application Process:

Patients may apply for financial assistance at any time during pre-registration, registration, course of medical services, or throughout the course of billing.

Ranken Jordan uses an application process to determine financial assistance eligibility. The application is available on Ranken Jordan’s website at rankenjordan.org, or upon request by the patient. A financial assistance determination will not be made until the completed application with all required documentation is received by patient accounts unless an exception is granted by Ranken Jordan’s Executive Leadership. Applications are processed by the patient accounts department. All information relating to the application will be kept confidential.

For questions about the financial assistance program or assistance with applications, patients may contact a representative of the patient accounts department by calling 314-872-6400 and asking to speak to someone in patient accounts. On-site visits can be arranged as well by visiting Ranken Jordan at 11365 Dorsett Road, Maryland Heights, MO 63043 and asking for a representative from patient accounts at the registration desk, Monday through Friday between the hours of 8:00am and 4:00pm

Incomplete Applications:

When a patient submits an incomplete application, a representative from the patient accounts department provides a written notification to the patient describing what additional information or documentation is needed and includes a plain language summary of the financial assistance policy. If applications are not completed within fourteen (14) days of the written notification, the patient will be denied financial assistance.

Presumptive Eligibility:

In cases where a patient is reasonably presumed to be eligible for financial assistance and when the application process cannot be commenced and/or completed due to extenuating circumstances, Executive Leadership must determine that the patient qualifies for financial assistance in the absence of receiving the required information.

Financial Assistance Determination:

Upon receipt of a completed application with accompanying required documentation, financial assistance recommendations are made to the Director of Revenue Cycle or their designee for approval. Determinations are made in accordance with a sliding scale based upon the then current FPG (Federal Poverty Guidelines). Financial assistance may take the form of a full or partial discount. A patient’s financial assistance discount percentage is applied to the amount due by the patient and is reflected on the patient’s billing statement. Patients whose annual household income exceeds 400% of the FPG may qualify for a one-time catastrophic discount. The Director of Revenue Cycle and/or Chief Financial Officer or Chief Executive Officer will review and have authority over all denials of financial assistance and applications for patients who have an annual household income above 400% of the FPG and granted on a case-by-case basis. Financial assistance award not consistent with this policy may only be granted by the Chief Financial Officer or Chief Executive Officer.

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INCOME AND DISCOUNT CHART		ANNUAL HOUSEHOLD INCOME			
		<u>Less than 200% of FPG</u>	<u>200% to 300% FPG</u>	<u>301% to 400% FPG</u>	<u>≥ 401% FPG</u>
<u>PATIENT DISCOUNT</u>	<u>Uninsured & Underinsured</u>	<u>100%</u>	<u>90%</u>	<u>70%</u>	<u>N/A</u>
	<u>Inability to Pay</u>	<u>80%</u>	<u>60%</u>	<u>40%</u>	<u>N/A</u>
<u>CATASTROPHIC DISCOUNT</u>	<u>Patient's balance is ≥ 15% of Patient's Annual Household Income</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>40%</u>

Financial Assistance Notification:

Written communications are mailed to patients within fourteen (14) days of their determination to notify the patient regarding their financial assistance. If a patient seeks to appeal their financial assistance determination, the patient must submit a written appeal letter to the Director of Revenue. Appeal letters must be submitted within fourteen (14) days of the patient's receipt of their financial assistance determination and must include:

1. Reason for appeal.
2. Statement of medical expenses from outside sources; and
3. Supportive documentation (when available).

Appeals are reviewed by the Director of Revenue Cycle and the Chief Financial Officer or Chief Executive Officer according to Ranken Jordan's Financial Assistance Determination Appeal Policy. Appeal decisions are final.

If Ranken Jordan becomes aware of any substantiated misrepresentation of facts by the patient such that the patient would not have received a financial assistance award under this policy, the patient's financial assistance award will be reversed. The patient will be responsible for the resulting balance.

Calculation of Amounts Billed to Patients:

Amounts charged for medically necessary care provided to patients eligible for assistance under Ranken Jordan's financial assistance policy are limited to not more than the amount generally billed (AGB) to patients who have insurance covering such care.

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Ranken Jordan uses the look back method to determine the AGB for medically necessary care. To calculate the AGB, Ranken Jordan reviews all past claims paid in full to the hospital by Medicare (including Medicaid) fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period to establish a percentage (AGB Percentage) of total charges that patients approved for financial assistance will be billed.

Ranken Jordan calculates an AGB percentage for both inpatient and outpatient services annually. Following a patient’s determination as financial assistance eligible, the patient will not be charged more for medical services than the AGB to patients who have insurance covering such care.

Payment Plans:

Payment arrangements are available for any remaining balance after a financial assistance adjustment has been made to a patient’s account. Payment arrangements are granted according to Ranken Jordan’s Billing and Collection Policy.

Non-payment and Collection Actions:

Non-payment and collections are handled in accordance with Ranken Jordan’s Billing and Collection Policy. The Billing and Collections policy is available at no cost on Ranken Jordan’s website at rankenjordan.org, or upon request at the Registration Desk. Ranken Jordan does not engage in extraordinary collection actions against patients.

Publication of Financial Assistance Program:

Ranken Jordan makes information regarding the financial assistance program readily available. All printed information and forms regarding the financial assistance program will be available in both English and Spanish. Interpreter services are requested for other languages as needed. At a minimum, the information is made available by:

1. Posting on Ranken Jordan’s website;
2. Notifications located on patient billing statements;
3. Signage within Ranken Jordan;
4. By mail;
5. By phone ; and
6. Upon request.