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Owner Christy Chabert:
VP of Revenue
Cycle
Policy Area Hospital-wide

FINANCIAL ASSISTANCE

Objective:

The purpose of this Financial Assistance Policy (FAP) is to establish written guidelines with respect to emergency and medically necessary care that specifies:

- Eligibility criteria for financial assistance as either free or discounted care
- How to apply for financial assistance
- How the hospital calculates amounts charged to patients
- How the FAP is widely publicized within the community served by the Hospital
- Compliance with applicable state and federal laws and regulations.

Policy:

Lady of the Sea General Hospital is committed to providing financial assistance for medically necessary care to persons who are uninsured, underinsured, or otherwise unable to pay and who are determined to be eligible for Finance Assistance in accordance with this policy. Lady of the Sea will provide, without discrimination, care for individuals with emergency medical conditions regardless of their eligibility for financial assistance or ability to pay.

Procedure:

A. Eligibility for Financial Assistance

1. To determine whether an individual is eligible for financial assistance, the individual must apply for financial assistance (see C.)
2. Financial assistance applies to patient liability, including but not limited to deductibles, co-payments, and co-insurance and is available to residents of Louisiana.

3. Financial assistance discounts of 100% for eligible service are available to patients whose family income is at 200% or less of the Federal Poverty Level (FPL).
4. Patients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates, on a case by case basis, depending on the patient's specific circumstances such as catastrophic illness and financial situation.
5. If a patient has potential payment resources such as, but not limited to, health insurance or third party settlement proceeds, the individual may not be eligible for financial assistance
6. Failure to comply with Lady of the Sea's Medicaid coverage and financial assistance screening process will exclude patients from eligibility.
7. The granting of financial assistance shall be based on an individual determination of financial need and will not take into account age, gender, race, social or immigration status, sexual orientation or religious affiliation.

B. Services Available Under this Policy

1. Financial assistance is available for all medically necessary professional and technical services, except for and not limited to the following:
 - a. Fees for the professional services rendered by providers as indicated on (Attachment - Professional Services Covered).

C. Method For Applying For Financial Assistance

1. Request for financial assistance can be made through the Revenue Cycle Office by mail, via telephone, email, fax, or by in person visit.
2. Eligibility for financial need will be determined by an individual assessment and will include:
 - a. An application process - the patient or the patient's guarantor, is required to complete a financial assistance application and supply personal, financial, and other information or documentation needed to make a financial need determination. Required information is listed on the Financial Assistance Application (Attachment - Financial Assistance Application).
 - b. Reasonable efforts by Lady of the Sea to explore appropriate alternate sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs;
 - c. Review of patient's outstanding accounts receivable for prior services and the patient's payment history.
 - d. The use of external publicly available data sources (ex. credit scoring or third party tools as needed).
3. The hospital will not deny financial assistance under this FAP based on an applicant's failure to provide information or documentation not specified in this FAP or on the financial assistance application form.
4. Applications for financial assistance should be submitted within 120 days from the date of the first post-discharge bill for an episode of care, but will be considered

within 240 days of the first post discharge bill.

D. Basis for Calculating Amounts Charged to Patients

1. Patients eligible for financial assistance will not be charged more for emergency and medically necessary care than the amount generally billed (AGB) to individuals who have insurance covering such care. The AGB is determined by using the same billing and coding process applied to Medicare or Medicaid beneficiaries. The AGB is the amount that would be paid by Medicare or Medicaid together with what the beneficiary would be personally responsible for.

E. Billing and Collection

1. The Billing and Collections policy can be obtained by request to the Revenue Cycle Director at Lady of the Sea Hospital. The policy is provided is provided free of charge.
2. Lady of the Sea will not impose extraordinary collection efforts such as wage garnishment, liens on primary residences or other legal actions for any patient without first making reasonable efforts to determine if the patient is eligible for financial assistance under this policy.

F. Communication of the Financial Assistance Program

1. Information about the Financial Assistance Program is available on the hospital's website, in registration areas, and on billing statements.

G. Definitions

1. Emergency Medical Condition - the patient requires immediate medical intervention due to a severe, life-threatening, or potentially disabling condition (see section 1867 of the Social Security Act).
2. Family Income - Includes the income of all family members who reside together and dependents claimed on the income tax return. It includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources on a pre-tax basis.
3. Federal Poverty Level - The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities published by the Department of Health and Human Services each year.
4. Financial Assistance - Health care services provided at a discount or without charge to qualifying patients.
5. Gross Charges - The total charges for the health care services at the hospital's full established rates prior to deductions being applied.
6. Medically Necessary - Services that are appropriate and necessary for the diagnosis or treatment of an illness or injury.
7. Professional Service - Services provided by a physician or clinical professional.

- 8. Uninsured Patient - A person receiving health care services who does not have health care insurance.
- 9. Under-insured Patient - Patient has some form of health care insurance but has out-of-pocket expenses that exceed his/her ability to pay. Patients with commercial insurance are not generally eligible for financial assistance write-offs due to health plan and legal requirements related to billing patients for their full cost share portion of the provided services.

Attachments

- [📎 2025 Financial Assistance Application](#)
- [📎 2025 Financial Assistance Policy Attachment - Professional Services](#)
- [📎 2025 Financial Guidelines](#)

Approval Signatures

Step Description	Approver	Date
VP of Revenue Cycle	Christy Chabert: VP of Revenue Cycle	04/2025