



<b>Category:</b>	Intradepartmental
<b>Department:</b>	Business Office
<b>Policy No.:</b>	BO 23
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## **TITLE: FINANCIAL ASSISTANCE POLICY**

### **PURPOSE:**

**At East Tennessee Children's Hospital children are our only concern. That is our philosophy because children are special, they deserve the best possible health care given in a positive, child/family centered atmosphere of friendliness and cooperation regardless of race, religion, or the family's ability to pay.**

### **SCOPE:**

All Business Office , Self Pay and Registration staff

## **POLICY:**

This policy is set to guide families through the options they may have to find the insurance coverage they need. After they have exhausted all other insurance options, we will then offer other hospital financial assistance to them.

## **RELEVANT FACTORS:**

### **DEFINITIONS:**

N/A

### **PROCEDURE:**

East Tennessee Children's Hospital recognizes that unexpected medical problems can sometimes create unexpected financial problems. Our staff is here to assist you in finding resources that may help cover your medical expenses. There are options for every family. In order to qualify for other hospital assistance programs all possible insurance options must be exhausted by the family.

All patient charges are the same regardless of insurance coverage. Discounts will vary based on specific contracts with individual insurance companies.

All families are expected to set up payment arrangements to begin the first month they are billed. If that is a hardship, please have them apply for financial assistance.

### **Financial Assistance**

We will help provide Financial Assistance to all families. Financial Assistance is available to any hospital charges, including emergency care.



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We offer assistance in the following ways:

- Help determine what programs are available and if they would qualify for assistance
- Help direct families to possible insurance coverage and assist in how to apply
- Determine any applicable discount amounts for uninsured patients
  - Families with no insurance are given a 40% discount on hospital charges
- Provide Financial Assistance Applications to be reviewed for charity care.
  1. We offer total charity care for any family who earn less than 250% of the current Federal poverty guidelines. There is a sliding scale discount up to 400% of Federal Poverty guidelines. Federal poverty guidelines are updated annually.
  2. The only automatic charity given without and application is to those patients who have had Medicaid within the 6 months prior to or after the date of service that requires charity.
  3. All other applicants must apply for insurance, have insurance or been denied insurance.

Patient Account Representative can be reached at 865-541-8187 Monday through

Friday between 8:00a.m. - 4:30p.m. for assistance in completing the application.

### **Applying for Charity Care**

Families must apply for all possible insurance coverage before we will consider them for charity care. Once all insurance options are exhausted we can assist the family with an application for charity care.

To apply for care or request a free written copy of this policy please contact our Customer Service team at 865-541-8187 M-F 8:00a.m.-4:30p.m. Or you may:

- Go online at [www.etch.com](http://www.etch.com) and print a copy of the application found at <https://www.etch.com/your-visit/billing-insurance/financial-assistance/>
- Complete the application on the back of your statement



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Mail your completed application to:

ETCH  
P O Box 15010  
Knoxville, TN 37901-5010  
Attention: Patient Financial Services Dept

Applications will be processed within 2 weeks of receipt. A letter will be mailed to confirm approval or denial. If approved, it is for the hospital bills only. The letter you receive can be used to show assistance at ETCH. This will assist in qualifications for other providers who also cared for your child. Those offices must be contacted separately to verify if they will offer assistance. Some of the most frequent providers are:

- Team Health: 888-952-6772 or Emergency Room Providers
- Vista Radiology: 865-766-0112
- Children's Anesthesiologists, PC: 877-288-1799

### **Self Pay**

If the families are denied financial assistance our Patient Financial Services Department can assist in a monthly plan that works for the family's budget.

- Once all insurance has paid, the account balance is moved to patient responsibility.
- Payments must be made monthly with a suggested payment plan to have the balance paid for within 3 years. If a problem arises in keeping that payment plan they must contact Patient Financial Services. When families keep us informed, we will work with them.
- Accounts are only placed in collections for the following reasons: refusal to pay, no contact from guarantors and returned mail with no additional contact information;
- Nonpayment of an account can result in legal proceedings and have a negative impact on your credit rating.
- Accounts are not reported to the credit bureau until the point we get to legal proceedings.
- Financial Assistance Applications are accepted at any point in the process. There is no time limit to turn in for assistance

If a family is in need of Financial Assistance, they can call our Self Pay Patient Account Representatives at (865) 541-8187 Monday through Friday between 8:30 a.m. to 4 p.m.



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Our staff's goal is to exceed expectations of our families in understanding financial responsibility. It is always our pleasure to serve them.

### **PRECAUTIONS:**

N/A

### **SUPPORTIVE DATA:**

N/A

<b>Policy Owner:</b>	Inpatient Team Lead, Outpatient Team Lead, Verification Team Lead, Reimbursement Team Lead
<b>References:</b>	
<b>Related Policies:</b>	Discount/Charity Policy
<b>Related Documents:</b>	
<b>Origination Date:</b>	09/19/2019
<b>Revision Dates:</b>	11/05/2020
<b>Last Review Date:</b>	11/05/2020
<b>Next Review Date:</b>	11/05/2023
<b>Date Retired:</b>	
<b>Approved By:</b>	Business Office Director