

# **CARRELL CLINIC FOUNDATION FINANCIAL ASSISTANCE POLICY**

## **1. OVERVIEW**

Patients may apply for financial assistance for any facility supported by the Carrell Clinic Foundation for charity care. However, eligibility for financial assistance only applies to medically necessary care. United States citizens and residents of the United States (including resident non-citizens) are eligible for financial assistance. Each eligible patient's situation will be evaluated according to relevant circumstances, such as income or other resources available to the patient or patient's family when determining eligibility. Taking this information into consideration, the attached Financial Assistance Eligibility Discount Guidelines (Attachment B) are utilized to determine if a patient qualifies for financial assistance from the Carrell Clinic Foundation.

When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines or Eligibility Criteria, a patient with unusual mitigating factors may still be able to obtain financial assistance, provided that these factors and the reason for the exception are documented. In these situations, the Board of Directors will review all available information and make a determination on the patient's eligibility for financial assistance.

**It is not the intention of the Carrell Clinic Foundation to pay deductibles or co-pays for patients covered by medical insurance.**

## **2. METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE**

### **2.1 Application Process**

Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone (214) 712-4200, through the mail or via the Carrell Clinic Foundation website: [www.carrellclinicfoundation.org](http://www.carrellclinicfoundation.org). Mailed applications should be sent to:

Carrell Clinic Foundation  
Attn: Dana Martinez - Administrative Assistant  
9301 N. Central Expressway. Suite 400  
Dallas, Texas 75231  
[dana@carrellclinicfoundation.org](mailto:dana@carrellclinicfoundation.org)

Additionally, Carrell Clinic Foundation or a medical provider can initiate an Assistance Application on behalf of the patient. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.

## **2.2 Community and Charitable Programs**

Patients of certain approved community and charitable organizations and programs with the same eligibility criteria as Attachment B qualify for financial assistance under this Policy. For organizations or programs not approved under this policy, another assistance application may be used as long as substantially the same items on the Carrell Clinic Foundation Assistance Application are satisfied or documentation as to why they were not satisfied is included. The Board of Directors will be responsible for determining the approved organizations and programs. Scottish Rite for Children (SRC) is an approved charitable organization, and former patients who qualify and are referred by SRC are considered to have satisfied this requirement.

## **3. PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE**

Carrell Clinic Foundation may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

## **4. BASIS FOR CALCULATING FINANCIAL ASSISTANCE**

The level of financial assistance will be based on a classification as Financially Indigent, as defined below.

### **4.1 Financially Indigent**

"Financially Indigent" means a patient whose Yearly Household Income (as defined below in section 5.2.i) is less than or equal to 200% of the Federal Poverty Guidelines ("FPG"). These Financially Indigent patients are eligible for 100% coverage of approved medical costs based on Schedule A of the Financial Assistance Eligibility Discount Guidelines (Attachment B).

Example: A patient with a Household Size of 3 (as defined below in section 5.2.ii) and Yearly Household Income of \$43,440.00 is eligible for a financial assistance discount of 100%.

### **4.2. Financial Assistance Eligibility Discount Guidelines**

The Financial Assistance Eligibility Discount Guidelines are attached and are made a part of this Policy (Attachment B). The Financial Assistance Eligibility Discount Guidelines will be updated annually in accordance with the FPG as published in the Federal Register by the U.S. Department of Health and Human Services.

## **5. DETERMINATION OF FINANCIAL ASSISTANCE**

### **5.1 Financial Assistance Assessment**

Determination of financial assistance will be in accordance with procedures that may involve:

- 5.1.i. An application process in which the patient is required to supply information and documentation relevant to making a determination of financial need, and/or
- 5.1.ii. The use of credit reports and other publicly available information that provides information on a patient's estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

## **5.2 Definition of Household Income and Household Size**

Definition of financial assistance will be based on the household income and size provided by the patient. \*The number is adjusted up slightly each year by the Federal Government.

(Example: Single Adult with no children at 200% would be \$25,760, whereas a Single Adult with 5 dependents – 6 total in household – at 200% would be \$71,160).

\*Please refer to link for the current year chart:

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

- 5.2.i. Household Income
  - I. Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse.
  - II. Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, the patient's mother and the patient's father or legal guardian(s).
- 5.2.ii. Household Size
  - I. Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the IRS).
  - II. Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.

## **5.3 Income Verification**

Household income may be documented through any of the following mechanisms:

- 5.3.i. Third Party Documentation: By the provision of third-party financial documentation including IRS Form W-2 Wages and Tax Statement, paycheck remittance, individual tax return, telephone verification by employer, bank statements, Social Security payment remittance, unemployment insurance payment notice, unemployment compensation determination letters, response from a credit inquiry and other publicly available information, or other appropriate indicators of the patient's income. Third party documentation provided under this subsection will be handled in accordance with Carrell Clinic Foundation's information security procedures and the requirements of securing protected health information.

- 5.3.ii. Participation in a Means Tested Benefit Program: By the provision of documentation showing current participation in a public benefit program such as Medicaid, County Indigent Health Program, AFDC, food stamps, WIC, TexCare Partnership or other similar means tested programs. Proof of Participation in any of the above programs indicates that the patient has been deemed Financially Indigent and therefore, is not required to provide his or her income on the Assistance Application.
- 5.3.iii. In cases where the third-party documentation is unavailable, the patient's income can be verified by:
  - I. Obtaining the patient's Written Attestation. By obtaining an Assistance Application signed by the patient attesting to the veracity of the patient's income information provided.
  - II. Obtaining the patient's Verbal Attestation. Through the written attestation of the Carrell Clinic Foundation employee completing the Assistance Application that the patient verbally verified the patient's income information. In both above instances where the patient is unable to provide the requested third-party verification of patient's income, the patient is required to provide a reasonable explanation of why the patient is unable to provide the required third-party verification. Reasonable attempts will be used to verify patient's attestation and supporting information.

#### **5.4 Financial Assistance Disqualification**

Disqualification after financial assistance has been granted, may be for reasons that include, but are not limited to one of the following:

- 5.4.i. Information Falsification: Financial assistance will be denied to the patient if the patient provides false information, including information regarding their income, household size, assets or other resources available that might indicate a financial means to pay for care.

### **6. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY**

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

#### **6.1 Community Notification**

- 6.1.i. Posting the Policy and Assistance Application on the Carrell Clinic Foundation website at the following location:  
[www.carrellclinicfoundation.org](http://www.carrellclinicfoundation.org).
- 6.1.ii. Carrell Clinic Foundation informs and notifies the community served through other affiliated organizations, community clinics and other health care providers to reach those members of the community who are most likely to require financial assistance.

#### **6.2 Personal Notification**

- 6.2.i Paper copies of the Financial Assistance Policy and Financial Assistance Application are made available to all patients upon request.

**Carrell Clinic Foundation  
 Financial Assistance Eligibility Discount  
 Guidelines  
 Attachment B  
 Effective 07/01/2018**

**Coverage Year 2022 Federal Poverty Guidelines**

**Schedule A**

<b>Financially Indigent Classification</b>	
Patient's Yearly Income must be equal to or less than the following:	
Number in Household	200%
1	25,760
2	34,840
3	43,920
4	53,000
5	62,080
6	71,160
7	80,240
8	89,320
*Add \$4,540 for each person over 8	
Patient Responsibility	0% of Balance Due

[www.carrellclinicfoundation.org](http://www.carrellclinicfoundation.org)

214-712-4200

Last updated: 12/30/2021