

CARRELL CLINIC FOUNDATION FINANCIAL ASSISTANCE POLICY

1. OVERVIEW

Patients may apply for financial assistance for certain costs related to facilities and or vendors who have a relationship with the Carrell Clinic Foundation. However, eligibility for financial assistance only applies to medically necessary care as determined by such facility or medical provider. The Carrell Clinic Foundation is not a medical provider and relies on the providers of patients to determine medical necessity. United States citizens and residents of the United States (including resident non-citizens) are eligible to apply for financial assistance. Each eligible patient's individual 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. 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 appropriately documented. In such situations, the Board of Directors of the Carrell Clinic Foundation will review all available information and make a determination, in its sole discretion, whether to grant financial assistance to a patient who otherwise does not meet eligibility requirements.

The Carrell Clinic Foundation will not pay or reimburse deductibles, out-of-network benefits or co-pays for patients covered by medical insurance.

2. METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE

2.1 Application Process

A request for financial assistance may be initiated by a patient or patient representative by requesting assistance in person, over the phone (214) 712-4200, through the mail, or via the Carrell Clinic Foundation website: 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

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

3. PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE

In the event a patient does not submit an Assistance Application or relevant supporting documents, Carrell Clinic Foundation may, in its sole discretion, review all publicly available information to determine, consistent with applicable legal requirements, estimated household size and income in order to evaluate financial assistance eligibility. Carrell Clinic Foundation reserves the right to request credit reports for all applications, and applicants must agree to execute all documents necessary for Carrell Clinic Foundation to such obtain credit reports.

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") in effect at the time of the application. Those patients deemed to be Financially Indigent may be eligible for up to 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 \$49,720.00 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 include, but are not limited to the following:

- 5.1.i. An application process in which the patient, or the patient's representative 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 (as below defined) provided by the patient or the patient's representative. *The number is subject to an annual adjustment by the Federal Government.

(Example: Single Adult with no children at 200% would be \$29,160, whereas a Single Adult with 5 dependents – 6 total in household – at 200% would be \$80,560).

*Please refer to link for the current year chart:

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

5.2.i. Household Income

- I. Adults: For an adult patient, "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: For a minor patient, "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: Calculation of Household Size includes the patient, the patient's spouse, and any dependents (as defined by the IRS).
- II. Minors: Calculation of the Household Size includes 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: Third-party financial documentation including but not limited to, 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: 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 thus, the patient will not be required to provide income information on the Assistance Application.
- 5.3.iii. In cases where the third-party documentation is unavailable, the patient's income may be verified by:
 - I. Obtaining the patient's Written Attestation. By obtaining an Assistance Application signed by the patient or the patient's representative 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 representative completing the Assistance Application, based on the patient's or the patient's representative verbal verification of the patient's income information. In both of the above instances, when the patient is unable to provide the requested third-party verification of patient's income, the patient will be 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 the following:

- 5.4.i. Information Falsification: Financial assistance will be denied to the patient if the patient or the patient's representative provides false information, including information regarding 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 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.
- 6.1.ii. Carrell Clinic Foundation informs and notifies the community served through other affiliated organizations, community clinics and 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 will be made available to all patients and or patient representatives upon request.

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

Coverage Year 2023 Federal Poverty Guidelines

Schedule A

Financially Indigent Classification	
Patient's Yearly Income must be equal to or less than the following:	
Number in Household	200%
1	29,160
2	39,440
3	49,720
4	60,000
5	70,280
6	80,560
7	90,840
8	101,120
*Add \$5,140 for each person over 8	
Patient Responsibility	0% of Balance Due

www.carrellclinicfoundation.org

214-712-4200

Last updated: 03/09/2023