



Origination 03/2011
Last Approved 09/2023
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Next Review 09/2026

Owner Brannon Shadrick
Area PHYS PRACTICE
SUPPORT -
OPERATION
SUPPORT
Applicability Quorum System-
Wide

Charity Care Policy

Audience:

Physician Practices

Charity care

It is the policy of the Practice/Clinic that patients may be eligible for financial assistance.

Procedures:

A patient will be considered for charity care if his/her financial criteria meet the Poverty Guidelines established by the Department of Health and Human Services.

1. Free care will be extended to those who qualify for all four (4) of these reasons:
 1. The patient is uninsured;
 2. The patient is not eligible for Medicaid or pending Medicaid approval;
 3. The patient is determined to be unable to pay for services provided; and
 4. The patient is unable to accept an installment payment arrangement.
2. Practice staff and/or physicians will be responsible for recommending whether the patient qualifies for free care.
3. If a patient is deemed a possible candidate for financial assistance, the patient will be sent a financial evaluation letter. The letter will contain a request for the following financial information:
 - A copy of their last two pay checks stubs;
 - Current year Federal 1040 tax return;

- Unemployment benefits (check stubs);
 - Social Security benefits (copy of check or letter from Social Security); and
 - Department of Social Services grants and/or amount of food stamps.
4. The patient will be given ten days to return the completed forms to the Central Billing Office.
 5. The patient's account status will never be permanently designated as free care, rather the patient's status will be reviewed every three (3) months..
 6. If charity care or financial assistance is approved by the authorized clinic staff and the claim balance has already been placed with a collection agency, Clinic staff will notify QHC CBO, to recall the claim from agency. QHC CBO will note the claim with information regarding the financial assistance and recall the claim(s) from Agency.
 7. Charges will be written off by authorized Clinic staff with the appropriate adjustment code.

Approval Signatures

Step Description	Approver	Date
Policy Coordinator	Kelleya White	09/2023
Final Approver	Brannon Shadrick	06/2023
Owner/Editor/1st Approver	Brannon Shadrick	06/2023

Applicability

1 - Quorum Corporate, Barstow Community Hospital, Big Bend Regional Medical Center, Evanston Regional Hospital, Forrest City Medical Center, Kentucky River Medical Center, Martin General Hospital, McKenzie-Willamette Medical Center, Mesa View Regional Hospital, Mimbres Memorial Hospital, Mountain West Medical Center, Three Rivers Medical Center, Z Archive - Crossroads Community Hospital, Z Archive Gateway Regional Medical Center, Z Inactive DeKalb Regional Medical Center