

Name:	Financial Assistance Program Policy		
Path:	\\ OZARK CENTER\ SECTION D - FISCAL MANAGEMENT	Effective Date:	7/6/2020
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Special Approvals:		Keywords:	
Reviewer(s):	Mordica,Nathan M [99.9002] ADMINISTRATION - OZARK CENTER ADMIN [1002] Chief Financial Officer - OC Primary Reviewer Position		
Activation Notice(s):			

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POLICY
 This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured). Discounts are available for individuals earning 200% of the federal poverty level or less and otherwise qualify for the program. The Client Account Representative's role is one who works with the client and/or guarantor to find reasonable payment alternatives.

Ozark Center will offer a Financial Assistance Program to all who are unable to pay for their services. Ozark Center will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, sex, gender identity, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Copies of this policy and the Application for Financial Assistance are available to individuals receiving services and their families at the Admission desk at our facilities and they are on the Ozark Center website in English and Spanish. Assistance with the application is available to

individuals seeking service who have LEP, literacy barriers, or disabilities.

PROCEDURE

The following guidelines are to be followed in providing the Financial Assistance Program.

1. **Notification:** Ozark Center will notify clients of the Financial Assistance Program by:
 - Notification of the Financial Assistance Program will be offered to each client upon admission as outlined in the Client Handbook.
 - Financial Statements sent out by Ozark Center will inform individuals about the Financial Assistance Program and ask them to contact us for information.
 - The Ozark Center website states that services are available based on a sliding fee scale.
 - Ozark Center places notification of Financial Assistance Program in the clinic waiting area.
2. All clients seeking behavioral healthcare services at Ozark Center are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. Applications should be requested within sixty days from the first statement date.
3. **Request for discount:** Requests for discounted services may be made by clients, family members, social services staff or others who are aware of existing financial hardship and have legal authority to sign on behalf of the client. The Financial Assistance Program *is* available for most Ozark Center services (**exceptions**, for example, **include** SATOP services and services that are not medically necessary, are not eligible). Ozark Center also accepts Freeman Health System's financial assistance determinations/approvals as they relate to inpatient psychiatric admissions. Admissions staff and client accounts staff can assist the individual in explaining the program, forms, and application.
4. **Administration:** The Financial Assistance Program procedure will be administered through the Admissions Office, client accounts, or designee. Information about the Financial Assistance Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Third Party Payment:** This policy applies to all eligible clients, including those with third-party insurance coverage, unless the third party insurance contracts prohibits application of the policy.
6. **Completion of Application:** The client/responsible party must complete the Financial Assistance Application in its entirety. By signing the Financial Assistance Application, persons authorize Ozark Center access in confirming income as disclosed on the application form. Providing false information on a Financial Assistance Program application will result in all Financial Assistance Program discounts being revoked and the full balance of the account(s) restored and payable immediately. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a client does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the client's delay in providing information will not be considered for the Financial Assistance Program.
7. **Eligibility:** Discounts will be based on income and family size. Ozark Center uses the Census Bureau definitions of each.
 - a. **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - b. **Income** includes: earnings, unemployment compensation, workers' 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. Noncash benefits (such as food stamps and housing subsidies) do not count.

8. **Income verification:** Applicants must provide one of the following: Income Tax return from the prior year, prior year W-2's, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Income tax returns are the preferred supporting document. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Clients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Ozark Center's Chief Administrative Officer or designee for review and final determination as to the sliding fee percentage. Self-declared clients will be responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to a sliding fee schedule, which will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.

10. **Waiving of Charges:** In certain situations, clients may not be able to pay the discount fee. Waiving of charges may only be used in special circumstances and must be approved by Ozark Center's Chief Administrative Officer, Chief Financial Officer or their designee. Any waiving of charges should be documented in the client's file along with an explanation (e.g., ability to pay, good will, health promotion event).

11. **Applicant notification:** The Financial Assistance Program determination will be provided to the applicant(s) in writing, and will include the percentage of Financial Assistance Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the client and/or responsible party must immediately establish payment arrangements with Ozark Center. Financial Assistance Program applications cover outstanding client balances for six months prior to application date and any balances incurred within 6 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the expiration date or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Financial Assistance Program application.

12. **Record keeping:** Information related to Financial Assistance Program decisions will be maintained and stored in an effort to preserve the dignity of those receiving free or discounted care. The Client Account's Manager or designee will maintain a monthly log identifying Financial Assistance Program recipients and dollar amounts. Denials will also be logged.

13. **Policy and procedure review:** Annually, the amount of Financial Assistance Program provided will be reviewed by the Chief Administrative Officer and/or Director of Support Services and Client Accounts. The sliding fee scale will be updated based on the current Federal Poverty Guidelines.

14. **Budget:** During the annual budget process, an estimated amount of Financial Assistance Program service will be placed into the budget as a deduction from revenue. Board approval for Financial Assistance Program will be sought as an integral part of the annual budget.

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P.O. BOX 2526 | JOPLIN, MO 64803 | 417-347-7600

FINANCIAL ASSISTANCE APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH YOUR COMPLETED FINANCIAL ASSISTANCE APPLICATION:

A copy of your driver's license or some other form of ID

A copy of your Social Security card

Proof of residence – this is typically a bill that comes to where you are staying

Proof of number in household – can use previous year's tax return

A copy of any applicable insurance/Medicaid cards

Proof of income – prefer the last 3 pay stubs with a copy of the previous year's tax return

ADDITIONAL INFORMATION MAY BE REQUIRED ONCE YOUR APPLICATION IS REVIEWED. WE WILL CONTACT YOU WITH ANY ADDITIONAL ITEMS WE MAY NEED.

IF YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION OR THE ITEMS NEEDED, PLEASE CONTACT US AT THE INFORMATION BELOW.

OZARK CENTER PATIENT ACCOUNTS

1105 E 32ND ST, SUITE 2, JOPLIN MO. 64804

PHONE: 417-347-7660

FAX: 417-347-7676



Our mission is to improve the health of the communities we serve through contemporary, innovative, trauma informed, quality behavioral health care solutions.

OZARK CENTER
AN AFFILIATE OF FREEMAN HEALTH SYSTEM
FINANCIAL ASSISTANCE APPLICATION

DATE OF APPLICATION _____

CLIENT INFORMATION			
LAST NAME	FIRST NAME	M.I.	OZARK CENTER #
STREET ADDRESS		CITY, STATE, ZIP CODE	PHONE NUMBER
DATE OF BIRTH	MEDICAID #	MEDICARE #	

HOUSEHOLD INFORMATION Please list spouse and dependents as reported on tax return.			
SPOUSE:	DATE OF BIRTH:	DEPENDENT:	DATE OF BIRTH:
DEPENDENT:	DATE OF BIRTH:	DEPENDENT:	DATE OF BIRTH:
DEPENDENT:	DATE OF BIRTH:	DEPENDENT:	DATE OF BIRTH:

HEALTH INSURANCE INFORMATION (If client is not covered by health insurance, please skip to the next box.)		
POLICY HOLDER	NAME AND ADDRESS OF HEALTH INSURANCE COMPANY	POLICY/GROUP NUMBER
	NAME: PHONE:	
	ADDRESS:	
	NAME: PHONE:	
	ADDRESS:	

EMPLOYMENT INFORMATION Please list employment information for client <i>or</i> financially responsible individual.	
PERSON(S) EMPLOYED	NAME AND ADDRESS OF EMPLOYER
NAME:	EMPLOYER: PHONE:
RELATION TO CLIENT:	ADDRESS:
NAME:	EMPLOYER: PHONE:
RELATION TO CLIENT:	ADDRESS:

INCOME INFORMATION			
Sources of Income	Annual Income of Client	Annual Income of Spouse or Parents	Totals
Gross wages, salaries, tips, etc.			
Income from business, self-employment, and dependents			
Unemployment compensations, workers' 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			
Other			
NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.			INCOME TOTAL:

SIGNATURE I hereby certify that I have not knowingly withheld any information on income or other financial resources and the amounts I have disclosed are true and correct to the best of my knowledge.	
SIGNATURE/RELATIONSHIP TO CLIENT (IF APPLICABLE):	DATE:

FOR OFFICE USE ONLY:		
VERIFICATION CHECKLIST	YES	NO
IDENTIFICATION/ADDRESS: Driver's license, utility bill, employment ID, or other		
INCOME: Prior year tax return, three most recent pay stubs, or other		
INSURANCE: Insurance cards (If not applicable, please write "N/A")		
Approved Discount:	Approved by:	Date: