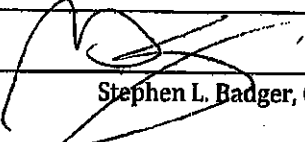


POLICY NAME: Financial Assistance	EFFECTIVE DATE: January 10, 2012
DEPARTMENT/DIVISION: Business Office/Managed Care	DISTRIBUTION: Business Office & All MFA Practice Sites including Affiliate Groups and MFA/AMG
APPROVED BY/DATE:  Stephen L. Badger, CEO	<u>4/12/12</u> Date

Objective: To provide a systematic and equitable way to ensure patients, who are uninsured or who lack adequate resources to pay for services, have access to medically needed care.

POLICY:

Requests for financial assistance may be made at any point before, during, or after the provision of care and may include balances reported for collections. Patients receiving non-urgent care are required to submit a request for financial assistance at least three weeks prior to receiving services. A confidential application must be completed, by the patient or responsible party, with documentation to support the request to be considered for financial assistance. Submission of an application does not guarantee approval. Medical Faculty Associates does not discriminate on the basis of race, color, religion, sex, age, handicap, or national origin. Each application for Financial Assistance will be reviewed, and a determination made based upon an assessment of the patient's circumstances. Circumstances could include, but not limited to, the needs of the patient and/or family, available income and/or financial resources.

Financial assistance is specific to a course of treatment only. If approved the financial assistance is granted for medically necessary procedures only. Medical Faculty Associates uses Medicare and the Medical Assistance Program for the District of Columbia as guidelines to determine covered services.

Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, third-party liability, and liquid assets. Patients must avail themselves of all available programs including: **Medicaid, Worker's Compensation, and other state and local programs.** A patient is eligible for Financial Assistance consideration based upon the results of the Financial Screening process and meeting certain income eligibility criteria as established by the Federal Poverty Guidelines. These are generally accepted guidelines. Adjustments may be made for extenuating circumstances.

SCOPE

The Financial Assistance policy applies to medically necessary professional services only. Hospital or facility related services are not the responsibility of the MFA to negotiate on behalf of the patient.

Services that are excluded from Financial Assistance consideration, include, but are not limited to:

- A. **Services considered non-covered or not medically necessary by Medicare or the District of Columbia Medical Assistance Program;**

- 112
- B. Services provided to a patient who elects to come to Medical Faculty Associates or their affiliates as "out-of-network" from their insurance plan.**
 - C. Copayments from insurance plans;**
 - D. Patients who are not responsible for the bill due to active coverage with medical assistance.**
 - E. Patients who have insurance but choose not to utilize coverage;**
 - F. Elective cosmetic surgery procedures;**
 - G. Other elective procedures and services, included, but are not limited to:**
 - Reproductive and infertility services
 - Transplants
 - Bariatric surgery
 - Reversal of sterilization
 - Routine vision exams
 - Tubal Ligations
 - Contact lenses
 - Botox treatment
 - Cosmetic Dermatology
 - Cosmetic Surgery

This policy may be amended from time to time as deemed appropriate and with approval from the Chief Executive Officer.