

I. Policy:

Madison Medical Center (MMC), as part of its mission, offers medically necessary health care to uninsured patients not covered by health insurance or a government program, regardless of ability to pay. This policy is effective for Hospital inpatient and outpatient services occurring on or after January 1, 2013.

II. Definition:

Charity Care: Healthcare services that have been provided or will be provided for which MMC expects to discount to individuals, whom are uninsured.

III. Procedures:

A. Services Eligible under this Policy:

1. Emergency medical services provided in emergency room;
2. Services for condition, which if not properly treated, would lead to an adverse change in the health status of the individual;
3. Non-Elective services provided in response to life threatening circumstances in a non-emergency room setting; and
4. Hospital medically necessity services, evaluated on a case-by-case basis.

B. Eligibility for Charity:

Eligibility for charity will be considered for those individuals who are uninsured and ineligible for any government health care benefit program, and whom, are unable to pay for their care, based upon determination of financial need in accordance with this Policy.


C. Method by which Patients May Apply for Charity Care:

1. Complete a one-page application called the "*MMC Family Assistance Plan Application*." This application is available from Admissions or from MMC website.
 - a. Include copies of information listed under the section "*Verification Checklist*" of the *MMC Family Assistance Plan Application* and return completed application and attachments to MMC admission's department.
 - b. Information about your job, income, resources, insurance coverage, family size and other information is needed to help determine the appropriate discount for which you may qualify.
 - c. Applications will be reviewed in a timely manner to determine the appropriate level of financial assistance.


D. Eligibility Criteria and Amount Charged to Patients: Services eligible under this Policy will be made available to patients on a sliding fee schedule, in accordance with financial need, as determined in reference to Federal Poverty Guidelines.

E. Communication of this Charity Program: Policy will be posted on MMC Website and at locations within MMC. The website address is www.madisonmedicalcenter.net and contact phone number for this program is 573-783-3341, extension 3346.

F. Final approval by Madison Medical Center is required and MMC reserves the right to decline charity applications and to revise this policy. Charity eligibility expires after six months and reapplication is necessary to qualify for additional assistance.



Signature



Date

MMC Family Assistance Plan Application
For Hospital Inpatient and Outpatient Services
To be used for Uninsured and Cash Pay Only Patients

Name of Head of Household		Place of Employment		
Street	City	State	Zip	Phone
Health Insurance Plan		Social Security Number		

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, and veteran's benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend and other income				
Total Income				

Verification Checklist (attach copies)

	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		
Medicaid: Application made or evidence of rejection		
Do you have assets exceeding \$20,000?		

I certify that the information shown above is correct and understand verification is required for approval.

Name (Print)

Signature/Date

Office Use Only

Patient Account Number(s):	_____	Effective date:	_____
Approved by:	_____	Expiration date:	_____