Unit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Freeman Financial Assistance Decision Tree**

|  |  |
| --- | --- |
|  Patient has been denied State or Federal programs or is deemed ineligible for such based on such guidelines. |  Patient or guarantor meets FPG guidelines  FPG = \_\_\_\_\_\_\_\_% |
|  Account is in good standing \*(Not in BD status) |  Services are Emergent or Proof of Medical Necessity from physician attached |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poverty Guidelines 2020** | | | | |
| **Persons in family** | 100% | 150% | 200% | 250% |
| **1** | 12,760 | 19,140 | 25,520 | 31,900 |
| **2** | 17,240 | 25,860 | 34,480 | 43,100 |
| **3** | 21,720 | 32,580 | 43,440 | 54,300 |
| **4** | 26,200 | 39,300 | 52,400 | 65,500 |
| **5** | 30,680 | 46,020 | 61,360 | 76,700 |
| **6** | 35,160 | 52,740 | 70,320 | 87,900 |
| **7** | 39,640 | 59,460 | 79,280 | 99,100 |
| **8** | 44,120 | 66,180 | 88,240 | 110,300 |

*\*\* For each additional family member above 8, add $4,480 to FPG percentage*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Less than 100% FPL** | **101- 200% FPL** | **201 - 250% FPL** |  |
| **Discount:** | 100% | 100% after copay met | 78% after copay met |  |
| **Patient's Responsibility:** | Co-pay = 0.00 Out of pocket = 0.00 | Co-pay | Co-pay + 22% |  |
|  |  |  |  |  |
| **Co-pays:** | **Hospitals** | **Physicians** | **Home Health** | **Health Essentials** |
| Inpatient: $200 per visit | Office Visit: $25 per visit | Home Care: $25.00 per visit | $50 Per Rental per Month |
| Outpatient $50 per visit | Inpatient Visit: $100 per stay | Home Infusion $ 40 per visit | Group 3 Chairs |
| Urgent Care $50 per visit | Therapy $10 per visit Outpatient facility Srvs $50.00 | Medical Equipment $20 per piece | $500-$1,000 |
| Emergency $75 per visit | Phys professional Srvs $25.00 |  | \*Copay for chair depends on Functionality |
| **Catastrophic Events:** | | | | |
| Catastrophic Assistance: In a case by case basis Financial Assistance may be taken into consideration where a patient may not ordinarily qualify for Financial Assistance based off of FPG alone. | | | | |

***Application is Complete with following required supporting documents and or statements attached:***

***\*Proof or credible statements supporting lack of housing / homelessness may void requirements listed below.***

Proof of identity (Drivers license or other Photo Id with patient/guarantor address)

Proof of current Income (Copy of employer(s) check stubs)

Proof of yearly Income (Copy of current year or previous year’s income)

Proof of business/self employed Income (Copy of current year or previous year’s income tax)

Proof of any other income

**Charity Application is approved for a \_\_\_\_\_\_\_\_\_\_% write off based on \_\_\_\_\_\_\_\_\_\_\_\_ %FPG.**

**Patient responsibility after FAA adjustment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Charity Application is denied due to:**

Above FPG guidelines of 250%

Failure to provide financial verifications

Statements deemed invalid

Account is in BD status greater than 120 days

Services are not Medically Emergent or Deemed Necessary by treating physician

FHS Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of reviewer deems all statements and verifications are valid and accurate based on information provided and to the best of their knowledge. **FFA decision determination is valid for 90 days from signature date: pre/post. https://aspe.hhs.gov/poverty-guidelines**