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Owner **Stacie Menken:**
NP-N-SLY-26F8

Department **Business Office**

Financial Assistance Program

PURPOSE:

- A. To provide a set of guidelines by which Murray County Medical Center is able to identify patients who cannot afford to pay and for which we do not expect to receive payment.
- B. To evaluate, approve or deny Financial Assistance requests through an approved policy.
- C. To render free or discounted care to patients who cannot afford to pay when all other options have been exhausted.

POLICY:

- A. It is the policy of Murray County Medical Center to provide healthcare services to patients regardless of the patient's ability to pay at no charge or a reduced charge.
- B. Financial Assistance applicant shall not be denied Assistance based on race, creed, sex, national origin, handicap, or age.
- C. Every effort will be made to identify patients needing Financial assistance as early in the revenue cycle as possible. However, it is understood that many times the assistance does not get requested until the billing cycle has started.
- D. All healthcare workers identifying patients with financial assistance needs are encouraged to provide patients or their designees a Financial Assistance Application and refer them to the Financial Consultant. (Attachment 1)
- E. All entities will display signage in registration areas advising patients of their right to request financial assistance. An informational brochures will also be available to all patients at time of admission/registration and by Financial Consultant upon discussion of payment options.
- F. If the patient is unable to speak English an interpreter or an option of a language line will be made available.
- G. Financial assistance requests are limited to balances in effect at time of request, including bad debt balances. Financial assistance applications may be used for up to 1 year after they are

completed and approved. However, Murray County Medical Center reserves the right to request a new and updated financial assistance application of the patient at any time for consideration of additional billings. It is the patient's responsibility to contact the Business Office when a statement is received during the 1 year period.

- H. Financial Assistance requests can only be processed for Murray County Medical Center accounts. All other healthcare services with outstanding balances not billed by Murray County Medical Center are not covered by this application.
- I. Partial write off 's would be determined upon household annual income and size.
- J. The Financial Consultant and Revenue Cycle Manager will review all Financial Assistance Applications for approval.
- K. Annual reports will be prepared with the number of accounts written-off to Financial Assistance, and the balances associated with them.
- L. Financial Assistance adjustments are available only after all other medical assistance resources have been exhausted.
- M. All Financial Assistance Applications will be kept confidential and will not be shared with anyone outside of Murray County Medical Center without written prior approval from the patient or designee.
- N. Verification of income will be required on all applications.
- O. Once a decision has been made regarding granting Financial Assistance and the patient/ debtor has been notified, the Murray County Medical Center will no longer attempt to collect on the patient balance(s). The decision to write-off the account will not be changed unless it has been determined that false information has been received, if it can be filed with insurance, if the patients financial assistance situation changes within a six month period of time of approval of the application, or in case of partial write off if applicant didn't fulfill agreement.
- P. This policy will be reviewed annually by the Board of Directors according to the requirements of the Attorney General's Agreement.

PROCEDURE:

- A. All applicants may be required to apply or inquire about other federal or medical assistance resources before approval will be given for Financial Assistance.
- B. All Financial Assistance Applications will be required to provide verification of income, except as outlined below. Preference is the most current completed Federal Tax return; however, considerations will be made for check stubs or Social Security Award Letters in the event that the tax return is not available.
 - 1. Individual circumstances will be considered for further clarification of income verification.
 - 2. Financial Assistance Application will be pended until the required verification of income is provided.
 - 3. Income verification not provided within requested time frame of staff or within 30-days of notification, will result in a denied application. Patient will then be notified of denial.

- C. When a request for Financial assistance is made, all collection activity will cease for 30-days or until an approval or denial decision has been made.
1. Internal collections: Accounts will be noted as to an application sent, and no further collection letters will be sent. Monthly statements will continue to generate where applicable.
 2. If the decision is made to do a partial write off, Murray County Medical Center has the right to do an agreement that the write off will be made only if the patient agrees to set up an automatic payment for any balances. If the automatic payment is denied and inconsistent, Murray County Medical Center has the right to reverse the write off due to a broken agreement.
 3. Any decision that is made does not pertain to co-pays as co-pays are due at the time of service.
 4. External collections: Collection agency will be notified of an application for assistance and to hold all collection activity for 30-days. This time frame can be extended at the discretion of Murray County Medical Center.
 5. Revenue Recapture accounts will remain listed with revenue recapture until the payment agreement has been completed. If money is collected through the Revenue Recapture program during the agreement in which the balance patient is responsible for has not been completed by payment, the money will be applied to the account but does not count towards the agreed payment amount before writing off remaining balance.
- D. The Financial Consultant will review the application for ability to pay.
1. Income based on most current Federal poverty guidelines. Depending on income at or below 200% of Federal Poverty Guidelines will qualify for Financial Assistance write-off. (Attachment 2)
 2. Family Household (All people in household that you are currently responsible for)
 3. Individual circumstances as provided by family.
 4. Employment status.
- E. The following criteria will be used : Balance owed to verify if the patient can afford a monthly payment plan required to be paid over a three year period.
- F. The eligibility criteria for Financial Assistance should include many factors. The following list provides examples, but is not definitive:
1. Individual or family income
 2. Employment status
- G. The following information is used to verify if patient meets above criteria, some examples are but is not limited to:
1. Last 3 months bank statements
 2. Most current completed year tax return
 3. Last 3 months pay stubs

4. Termination letter or other proof of employment or unemployment
- H. All Financial Assistance Applications will be reviewed regularly with final approval or denial required within 30-days of receipt of the application.
 1. Copy of approval letter also attached to original Financial Assistance Application.
 2. Denied applications will be notified via mail. A copy of the denial letter, with reason of denial, will be attached to original Financial Assistance Application.
- I. Revenue Cycle Manager or Financial Consultant will prepare an annual report, for Administration, of all patient accounts written-off for Financial Assistance. The report will show totals of amounts applied for assistance, denials, and approvals.
- J. Once a decision has been made regarding granting Financial Assistance and the patient/debtor has been notified, Murray County Medical Center will no longer attempt to collect on the patient billing. Any future medical debt, after a 1 year period, will require a new application.

ATTACHMENTS:

Attachment 1 – Financial Assistance Application

Attachment 2 – Federal Poverty Guidelines ^{*1}

^{*1}The Federal Poverty Guidelines are updated on an annual basis set by the Federal government. This chart is used as a reference point in determining Financial assistance for patients. The most current Federal Poverty Guidelines will be used at the time of application. These guidelines are not intended to be the sole factor in determining final approval or denial; but intended to be used as a reference point in determining income guidelines for other Financial Assistance programs.

Attachments

 [2025 FEDERAL POVERTY GUIDELINES MASTER.xlsx](#)

 [Financial Assist-Sliding Fee App.xls](#)

Approval Signatures

Step Description	Approver	Date
Business Office Manager	Stacie Menken: NP-N-SLY-26F8	07/2025