

- **CHARITY AND SLIDING FEES** If a patient is unable to pay their bill then they could be eligible for a charity adjustment or a sliding fee. The patient would have to present to the Business Office or Clinic Director a completed Application for Extended Payment/charity along with their most recent tax return and their current wage statement. If the patient doesn't make sufficient income to file a tax return, then the patient will need to provide adequate proof of level of income such as bank statements. If the patient's family income is under the poverty guidelines for a family of their size then they would be eligible for a charity or sliding fee adjustment. The sliding fee adjustment is based off the current HHS Poverty Guidelines. This policy is not part of any larger governmental plan and is solely based upon Hermann Area District Hospital's financial ability to sustain such adjustments at the time of the request. (Added 6/13/07 – Charity does not apply to accounts that are in Bad Debt since they are off hospital books but it can apply to accounts that are in Accounts Receivable.)

Hospital Services pertain only to emergent services with the exception of diagnostic laboratory and radiology that is sent from the hospital's clinics. (2/09/11)

Charity and Sliding Fee Scale Family Income

Poverty Guideline or Below 90% Adjustment
150% of Poverty Guideline 75% Adjustment
200% of Poverty Guideline 50% Adjustment

Effective May 24, 2010, the policy was modified by the Board of Directors to only allow Charity Care Adjustment for patients residing within the hospital service area. Hospital service area is defined as being anyone that resides in the following zip

code areas:	Hermann	65041	Owensville	65066	Montgomery City	63361
	Rhineland	65069	Bland	65014	New Florence	63363
	Portland	65067	Belle	65013	Bellflower	63333
	Berger	63014	Rosebud	63091	High Hill	63350
	New Haven	63068	Gerald	63037	Jonesburg	63351
	Gasconade	65061	Leslie	63056	Wellsville	63384

Hermann Area District Hospital Clinics (HADH Clinic)

D/B/A

Associated Medical Arts
504 N. Sturgeon Street
Montgomery City, MO 63361
Tel – 573-564-2990
Fax –573-564-2963

Southwest Medical Associates
123 Bavarian Hills Plz
Hermann, MO 65041
Tel – 573-486-2118
Fax –573-486-3533

HADH CLINIC DISCOUNT FEE POLICY

It is the policy of Hermann Area District Hospital Rural Health Clinics to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size, which are based on federal income tax and federal poverty guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply. Discount will be applied when patient portion is paid in full.

An application must be completed and approved by the Clinic Director before a discount can be granted. The following information will be required. If information is not available, please explain below.

_____ HADH Rural Health Clinics Sliding Fee Scale Application completed and signed.

_____ Copy of first page of the previous year federal tax return.

_____ Most recent pay stub that shows year to date income.

_____ Proof of unemployment, ie. bank statement or unemployment stub.

All information must be received within 7 days of date given.

Applicant initials

Date given to
patient: _____

Must be returned
by: _____

Hermann Area District Hospital Rural
Health Clinic Sliding Fee Application

Head of Household Name: _____

Address: _____

Phone: _____ Birthdate: _____ SSN: _____

Employer: _____ Paid weekly ___ bi-weekly ___ monthly ___

Dependents: (This includes spouse and children that you claim on your income tax)

Spouse: _____ Birthdate: _____

Spouse Employer: _____ Paid weekly ___ bi-weekly ___ monthly ___

1. Child _____ Birthdate _____ 2. Child _____ Birthdate _____

3. Child _____ Birthdate _____ 4. Child _____ Birthdate _____

5. Child _____ Birthdate _____ 6. Child _____ Birthdate _____

Total Household Income: (Only complete one column) Include income from all sources such as gross wages, tips, social security, disability, pensions, alimony, child support, unemployment, public aid, self employment, veteran's payments, annuities, military, etc.

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Total			

I certify that the family size and income information shown above is correct.

Name (print) Signature Date

Denied _____	Approved _____	Date _____
Discount _____	Clinic Director Signature _____	