

POLICY FOR FINANCIAL FORGIVENESS

1. **GENERAL RULE:** In general, no employee or any other person affiliated with Gateway Women's Clinic shall offer any kind of payment, including any kickback, bribe, or rebate, whether in cash or in kind, in any manner or form, including waiver of copayments or deductibles or any other financial forgiveness to any physician, patient or any other person to induce the referral of any health care business, patient or other item of service to Gateway Women's Clinic.
2. **EXCEPTION FOR CASH PAYING PATIENTS:** Notwithstanding the general rule, if a patient has NO insurance coverage or discount healthcare plan and pays at the time of the visit (before leaving the building), Gateway Women's Clinic may authorize a 20% discount to be taken from the total bill for the visit. This must be paid immediately and in full (no payment arrangements or split payments). See Cash Discount spread sheet for specific discounts.
2. **EXCEPTION FOR FINANCIAL HARDSHIP:** Notwithstanding the general rule, Gateway Women's Clinic may, upon receipt of a request from a patient, authorize financial forgiveness provided that such forgiveness shall be made only in documented cases of financial hardship. If a patient asks for information regarding financial forgiveness, staff will give the patient a "Request for Financial Forgiveness" and ask the patient to fill it out and bring it back with the requested documents. All requests will be reviewed and authorized by the Compliance Officer in accordance with HIPAA regulations, and a decision will be made within 15 business days. The results of this review will be given to the Patient Account Representative, who will document the results in the patient's account and keep copies of all information separate from the patient's medical chart, as well as a copy in the patient's chart for clarification purposes. Information will be kept confidential, except as needed to comply with a court order or other legal requirements. Results will be provided in writing to the patient and a denial will be accompanied by a written explanation. If a patient is denied financial forgiveness and their financial situation changes, an additional request and new documentation may be submitted for review.
3. **ELIGIBILITY CRITERIA:** A patient is eligible for financial forgiveness under this policy only if the patient's gross annual family income for the 12 months prior to the date of the request is at or below 250% of the current federal poverty guidelines (as listed in the current Federal Register). The discount allowed will be based in what category on the Federal Poverty Guidelines the patient falls into. The discount is between 10 and 50%, based on this category. For patients getting ongoing treatment or returning for other reasons, their financial situation will be reevaluated every four months (120 days).
4. **NECESSARY DOCUMENTATION:** Gateway Women's Clinic will only grant financial forgiveness based on written documentation provided by the patient. At least two of the following documents must be submitted with the "Request for Financial Forgiveness," along with the total number of people in the household unit:
 - A. W-2 Withholding Statements from previous tax year
 - B. Pay stubs for previous twelve months (or three months if "year-to-date" is given)
 - C. An income tax return from previous year
5. **FIRST APPOINTMENT REQUIREMENTS:** For patients who have not been seen before and wish Financial Forgiveness on the first visit, the request and required documents must be received at least 24 hours before the time of visit. We will notify the patient before the visit if they qualify under the policy. If the patient is eligible for Financial Forgiveness under the policy, they will be required to pay at least \$150 towards the first visit. If they are not eligible, they must be prepared to pay the full amount of the first visit (usually \$150- \$200). If the patient has not made an appointment, the Financial Forgiveness form and the determination of eligibility will be mailed to the patient.
6. **FINANCIAL FORGIVENESS FOR EXISTING ACCOUNTS:** For patients that have been treated and are requesting Financial Forgiveness for an outstanding account, an additional form will be filled out giving a payment plan, if the patient is eligible. The payments must be received on time and the first payment must be within 15 days of filling out the payment plan. Financial Forgiveness forms will be processed and mailed to the patient, along with the discounted balance, if eligible.

NO FINANCIAL FORGIVENESS OR CASH DISCOUNT CAN BE GRANTED FOR SUPPLIES (IUD, INJECTIONS, ETC.)

REQUEST FOR FINANCIAL FORGIVENESS

PATIENT NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

TOTAL MONTHLY INCOME _____ SOURCE _____

PROOF ATTACHED: _____ NUMBER OF PERSONS IN HOUSEHOLD: _____

I hereby request financial forgiveness for services provided by GATEWAY WOMEN'S CLINIC because I cannot pay in full. .

I have enclosed the required documentation and understand a review by the Compliance Officer will take up to 15 business days. I understand that if I am denied financial forgiveness, a written explanation will be provided. I further understand that if I am denied and my financial situation changes, I have the right to request another review and will provide the new financial documents at that time.

I agree to keep Gateway Women’s Clinic apprised of any financial changes that may affect my overall financial status during the time period listed in the review results. I understand that if my care is ongoing, my financial situation will be evaluated every four months.

I declare under penalty of perjury that the above is true and accurate.

SIGNATURE OF PATIENT

DATE OF REQUEST

.....
DO NOT WRITE BELOW THIS LINE

RESPONSE TO REQUEST FOR FINANCIAL FORGIVENESS

SERVICE TO BE PROVIDED _____ TOTAL COST _____

REDUCTION ALLOWED _____ TOTAL COST FOR PATIENT _____

REASON FOR DENIAL _____

This agreement is good for 120 days, unless the financial situation changes, whereupon an immediate reevaluation will be done. If, after 120 days, further financial forgiveness is requested, another review of documentation will be done at that time.

COMPLIANCE OFFICER

DATE OF RESPONSE