I. PURPOSE:

It is the policy of Lehigh Valley Physician Group (LVPG) to provide free or reduced cost care to all individuals requesting such care or indicating an inability to pay. These individuals will be evaluated for uncompensated care following the guidelines set forth in this policy. LVHN/LVPG will use the poverty index published in the Federal Uncompensated Care and Community Uncompensated Services Program Bulletin published annually by the U.S. Department of Health and Human Services.

II. SCOPE

LVPG Patient Relations
LVPG Practice Locations

III. DEFINITIONS

Financial Assistance – Payment forgiveness of some percentage of the patient’s balance based on the nationally published poverty levels.

Fee Schedule – An expected payment percentage of a bill based on income and the number of people residing in a household.

IV. PROVISION

A. All patients requesting or indicating an inability to pay will be screened for eligibility for the Medical Assistance Program or the Lehigh Valley Health Network’s (LVHN) financial assistance program.

B. All patients will be screened without prejudice and without discrimination.

C. Patients qualifying for Medical Assistance benefits will also qualify for financial assistance.

D. Patients who do not qualify for Medical Assistance and who are below the income guidelines set forth in Attachment A will receive 100% financial assistance.
E. Patients who exceed the income guidelines will be considered for financial assistance using the internal confidential financial screening application and write off schedule.

F. Proof of income or the Department of Public Welfare’s documentation of income may be used in determining eligibility.

V. **PROCEDURE**

1. LVPG Patient Relations Department staff will assist patients who are under-insured or un-insured with their bills by initiating a financial assistance program application.
2. Completed applications will be forwarded to the Centralized Financial Assistance Program approval area for review.
3. Patients who do not qualify for or who do not meet the Pennsylvania Department of Public Welfare criteria for Medical Assistance will be referred to the LVHN Financial Counselors for evaluation and participation in the Financial Assistance Program.
4. Completed Financial Assistance Applications are forwarded to the LVHN Financial Counselors for processing.
5. Approval/Denial letters are forwarded to both the patient and the LVPG Financial Counselors for account review and adjustment once processed.

<table>
<thead>
<tr>
<th>Title</th>
<th>Authorization Limits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVPG Financial Counselors</td>
<td>Up to $1000</td>
</tr>
<tr>
<td>Director, Patient Relations</td>
<td>Up to $10,000</td>
</tr>
<tr>
<td>Administrator</td>
<td>$10,001 - $25,000</td>
</tr>
<tr>
<td>Associate Executive Director</td>
<td>Over $25,000</td>
</tr>
</tbody>
</table>

*These limits are cumulative per fiscal year (07/01-06/30)

- These authority limits are for account write off’s. All Financial Assistance Program application approvals will be handled within the LVHN Patient Accounting Department.

VI. **ATTACHMENTS**

Attachment A – Community Services Administration Poverty Guidelines
Attachment B – High dollar write off approval form
VII. **APPROVAL**

_Cindy L Vrabel_  
Author’s Signature  
Director, Patient Relations  
11/21/2013  
Title  
Date  

☐ Asst Admin Review DT: __________  
☐ Administrator Review DT: __________

VIII. **DISTRIBUTION**

LVPG Administrative Policy Manual

IX. **DATES**

Effective Date___________  
Last Review___________  
Next Review___________

X. **REFERENCES**

XI. **DISCLAIMER STATEMENT**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements, that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Legal Services and/or Risk Management.

XII. **REVISION**

LVPG reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.