

Financial Assistance Policy (FAP) Summary

OVERVIEW

In compliance with section 501(c)(3) of the Internal Revenue Code (IRC). Union General Hospital Inc. will inform their patients/guarantors of the financial assistance policy (FAP) and will make reasonable efforts to determine a patient's/guarantor's eligibility for financial assistance. If the determination is made that an individual is eligible for assistance, the hospital will reverse, when possible, adverse results of any collection efforts and will refund any over-paid amounts to the individual. The hospital will also issue a new billing statement which represents the amount generally billed (AGB) to individuals with Medicare. This amount will be calculated using the "look-back" method, based on the percentage of gross reimbursement divided by total allowable charges for all claims allowed during a 12 month measurement period.

A. APPLICATION PROCESS

1. A patient/guarantor may apply for financial assistance by completing the assistance application and submitting it, along with other required documents, to Union General Hospital, 35 Hospital Road, Blairsville, GA 30512.
2. An application may be requested from the location shown above or by calling Union General Hospital Business Office at 706-745-2111.
3. A patient/guarantor may also download an application from the Union General's website, at UnionGeneralHospital.com.

B. ELIGIBILITY CRITERIA

1. Applicant will be screened for eligibility for any third party payor sources, such as Medicaid, and payment from any such source must be exhausted before applicant will be eligible for hospital financial assistance.
2. The applicant must also meet other eligibility criteria which are included in the full financial assistance policy. This policy may be requested and/or viewed by accessing the address, location, or telephone number shown in section A (above). Additionally, the policy can be viewed on public display at the hospital or on the hospitals' websites. (See A., 3 above)
3. Once the applicant is deemed eligible for assistance, the actual level of assistance will be determined, in part, by comparing the applicant's income to the Federal Poverty Guidelines (FPG), as follows:

Household Income	Maximum Amount Individual is Responsible for Paying
Less than or equal to 125% of Federal Poverty Guidelines	0% of AGB
In excess of 125% but less than or equal to 150% of Federal Poverty Guidelines	10% of AGB
In excess of 150% but less than or equal to 175% of Federal Poverty Guidelines	15% of AGB
In excess of 175% but less than or equal to 200% of Federal Poverty Guidelines	20% of AGB
In excess of 200% but less than or equal to 225% of Federal Poverty Guidelines	25% of AGB
In excess of 225% but less than or equal to 275% of Federal Poverty Guidelines	40% of AGB

In excess of 275% but less than or equal to 300% of Federal Poverty Guidelines	50% of AGB
In excess of 300% but less than or equal to 325% of Federal Poverty Guidelines	60% of AGB
In excess of 325% but less than or equal to 350% of Federal Poverty Guidelines	70% of AGB
In excess of 350% but less than or equal to 375% of Federal Poverty Guidelines	80% of AGB
In excess of 375% but less than or equal to 400% of Federal Poverty Guidelines	90% of AGB

4. Catastrophic medical expenses will also be a factor in determining eligibility for financial assistance.
5. After the application has been reviewed, a determination of eligibility, or non-eligibility, will be made and the applicant will be notified of the decision.
6. In the event of non-payment of any amount determined to be the responsibility of the patient/guarantor, and in the absence of an application for assistance, the hospital may refer the account(s) to an outside collection agency. Such action may result in an adverse entry on the patient's/guarantor's credit rating or the initiation of legal proceedings.