

DEACONESS HEALTH SYSTEM, INC.
Evansville, Indiana

Policy and Procedure No. 30-23S

December 2, 2025

Reviewed: December 2, 2025
Next Review: December 2, 2026

FINANCIAL ASSISTANCE POLICY
RURAL HEALTH CLINICS

I. **SCOPE:** This policy and procedure applies to the system entities in which Deaconess has atleast 50% or greater ownership including but not limited to those marked below:

<input type="checkbox"/>	Deaconess Health System, Inc.
<input type="checkbox"/>	Deaconess Hospital, Inc.
<input checked="" type="checkbox"/>	Deaconess Clinic, Inc.
<input type="checkbox"/>	Deaconess Women's Hospital of Southern Indiana, LLC d/b/a The Women's Hospital
<input type="checkbox"/>	Deaconess Care Integration, LLC
<input type="checkbox"/>	DCI Commercial ACO, LLC
<input type="checkbox"/>	One Care, LLC
<input type="checkbox"/>	Deaconess Regional Healthcare Services Illinois
<input type="checkbox"/>	Deaconess Regional Healthcare Network Illinois, LLC
<input type="checkbox"/>	Transcare Medical Transport and Logistics, Inc.
<input type="checkbox"/>	Deaconess Specialty Physicians, Inc.
<input type="checkbox"/>	Deaconess VNA Plus, LLC
<input type="checkbox"/>	Deaconess Health Plans, LLC
<input type="checkbox"/>	Progressive Health of Indiana, LLC
<input type="checkbox"/>	Tri-State Radiation Oncology Centers, LLC
<input type="checkbox"/>	Mainspring Managers, LLC
<input type="checkbox"/>	VascMed, LLC
<input type="checkbox"/>	OrthoAlign, LLC
<input type="checkbox"/>	Evansville Surgery Center Associates, LLC
<input checked="" type="checkbox"/>	Deaconess Health Kentucky, Inc.
<input checked="" type="checkbox"/>	Healthcare Resource Solutions, LLC
<input checked="" type="checkbox"/>	Deaconess Memorial Medical Center, Inc.
<input checked="" type="checkbox"/>	Jennie Stuart Medical Center, Inc.
<input checked="" type="checkbox"/>	Deaconess Henderson Hospital
<input checked="" type="checkbox"/>	Deaconess Union Co. Hospital
<input checked="" type="checkbox"/>	Gibson General Hospital, Inc.
<input type="checkbox"/>	Deaconess EMS, LLC
<input type="checkbox"/>	Innovative Healthcare Collaborative of Indiana, LLC

II. **PURPOSE:** All patients seeking healthcare services at designated rural centers of Deaconess Health System, Inc. are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Designated rural centers of Deaconess Health System, Inc. will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Designated rural centers of Deaconess Health System, Inc. will base program eligibility on a person's ability to pay based solely on income and family size and will not discriminate on the basis of an individual's race, color, sex,

national origin, disability, religion, age, sexual orientation, gender identity, inability to pay; whether those payments would be made by under Medicare, Medicaid, or CHIP. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Deaconess Health System, Inc.'s procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health.

For the purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Deaconess Health System, Inc. without charge or at a discount to qualifying patients. Medically necessary care is defined as healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

The following healthcare services are eligible for charity:

- A. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
- B. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
- C. Medically necessary services.
- D. Nonpaid services to a recipient of a Medicaid product.
- E. Patient is deceased with no known estate

III. PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

- A. **Notification:** Deaconess Health System, Inc. will notify patients of the Sliding Fee Discount Program by:
 - An explanation of the Sliding Fee Discount Program and application form are available on Deaconess Health System, Inc.'s website.
 - Deaconess Health System, Inc. places notification of Sliding Fee Discount Program in the clinic waiting area.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon their visit.
 - Sliding Fee Discount Program information will be included with collection notices sent out by Deaconess Health System, Inc.
- B. **Request for Discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.
- C. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
- D. **Completion of Application:** The patient/responsible party must complete the Sliding Fee

Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Deaconess Health System, Inc. as disclosed on the application form.

- E. Eligibility: Discounts will be based on income and family size only. See Section IV for definitions. We do not require patients to apply to Medicaid/health insurance or do asset testing to qualify for the sliding fee discount program.
- F. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income. Adequate information must be made available to determine eligibility for the program. Self-declaration of income may be used. Patients who are unable to provide written verification may provide a signed statement of income.
 - In the event there is no evidence to support a patient's eligibility for charity care, Presumptive eligibility for 100% discount may also be determined on the basis of individual life circumstances that may include:
 - Homeless or received care from a homeless clinic
 - Food stamp eligibility
- G. Discounts: Patients at or below 200% of the Federal Poverty Guidelines must be eligible for the program based solely on income and family size. No other determining factors may be used. Prior year tax returns, most recent pay stubs, or a self-declaration of income are acceptable forms to determine income. Discounts are available to those up to 350% of poverty and those above 350% may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Deaconess Health System, Inc.
 - a. Nominal Fee: There is no nominal fee for patients at or below 200% of the Federal Poverty Guidelines.
- H. Waiving of Charges: In certain situations, patients may not be able to pay the discount fee. Waiving of charges must be approved by Deaconess Health System Inc.'s designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
- I. Application notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Deaconess Health System, Inc. will work with the patient and/or responsible party to establish payment arrangements.
- J. Sliding Fee Discount Program applications will need to be completed for each visit to the designated rural clinic.
- K. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, information on the Sliding Fee Discount Program is included with each billing statement. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Deaconess Health System Inc. can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
- L. Record keeping: Information related to Sliding Fee Discount Program decisions will be

maintained and preserved in a secure confidential electronic file in an effort to preserve the dignity of those receiving free or discounted care.

- Applicants that have been approved for the Sliding Fee Discount Program will be logged in Deaconess Health System's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- The Business Office Manager will maintain electronic records identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be noted electronically.

M. Policy and procedure review: The Sliding Fee Discount Program will be updated based on the current Federal Poverty Guidelines. Deaconess Health System, Inc. will also review possible changes in the policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

N. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

IV. DEFINITIONS: For the purpose of this policy and the corresponding procedures, the following definitions apply:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities. This would include coinsurance, deductibles, and copay amounts.

Family Size: Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Deaconess Health Rural Clinics also accept non-related household members when calculating family size.

Household Income: Income includes gross wages; salaries, tips, income from business and self-employment; unemployment compensation; workers' compensation; Social Security Income; veteran's payments; survivor benefits; pension or retirement income; interest, dividends, royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

V. OPTIONAL SECTION: THIS SECTION INTENTIONALLY LEFT BLANK.

VI. AUTHORITY:

- Policy Owner:** Chief Revenue Cycle Officer and Director of HRS.
- Coordinate With:** Manager of Internal Audit and the system P&P Committee. This policy has been approved by the Finance Committee of the Board of Directors.

VII. REFERENCES: THIS SECTION INTENTIONALLY LEFT BLANK.

VIII. Attachments

A. Sliding Fee Scale Exhibit