Financial Hardship Application

Calvin College Speech Language and Audiology (SPAUD) department strives to serve all clients regardless of their ability to pay for their rehabilitative services. To that end, the SPAUD department will assist those clients who are experiencing significant financial hardship through reduced fee charges. The clinical staff will follow strict guidelines to provide financial assistance to those who qualify and therefore remain compliant with regulations set forth by Medicare and HIPAA. This policy does not cover any other medical costs acquired by the client beyond those procedures performed within these clinics. This policy also does not cover any costs for durable medical equipment or personal medical devices ordered by these clinics on behalf of the client.

Eligibility Criteria:
Clients are eligible for fee reductions if:

- They do not have medical insurance
- They have medical insurance but no longer qualify for rehabilitative services under their insurance policies
- They have medical insurance but due to circumstance described below are not able to meet their financial responsibilities of their insurance plans

How to Apply for Fee Reductions
Clients (or their guardians) may request assistance for fee reductions by phone, e-mail or mail. The Financial Assistance Team (consisting of a medical social worker, billing specialist, and clinic director) will review each application, determine eligibility based on supportive evidence, and determine level of eligibility based on qualifications.

Length of Eligibility
A client who has met requirements of eligibility will remain eligible for up to one year. If during that one year the client's financial situation has changed, the client/guardian must report this to the clinician at the next therapy visit (for example, a client who previously did not qualify for insurance benefits and is receiving financial assistance through this program but now does qualify for insurance benefits). The Financial Assistance team will work with the client/guardian to make the appropriate changes to the fees being charged.

How Fee Reductions Will Be Calculated:
Clients/Guardians must provide supporting documents indicating level of income. Supporting documents may include:

- W-2 forms
- Wage and Tax statements
- Pay check stubs
- Tax returns
- Employer verification of compensation
- Social Security payment remittance
- Worker's compensation payment stubs
- Unemployment payment stubs
- Documentation of need received from a church official, a local relief organization (ACCESS of West Michigan, Mel Trotter, for example)
- Other official documents that may indicate financial hardship (i.e.: medical bills with significant balance due, utility bills with significant balance due, etc.)

The client/guardian is to complete and return the attached application in order to request for assistance. Questions concerning this process may be directed to the Clinic Director.

Clients are eligible for fee reductions based on two factors:

- Financial Hardship due to low income:
  - In this case, annual household income is based on the income of all adults (18 years of age or older) living within the client's household
  - Clients may receive financial assistance based on where they fall on the Federal Poverty Guidelines (Schedule A)
- Financial hardship due to significant medical bills or other personal expenses unrelated to the services provided by this clinic:
  - In this case, annual household income is based on the income of all adults (18 years of age or older) living within the client's household
  - Client's annual household income must be at or below 500% of the Federal Poverty Guidelines issued for that calendar year (Schedule B)
  - Balance due must exceed 5% of the client's annual household income
  - Clients who meet this criteria will be billed for 50% of the balance due
  - Clients who do not have insurance will be billed at the Medicaid Fee Schedule rates, paying 50% of the balance due. Clients with insurance will be billed at their insurance fee schedule rates, paying 50% of their balance due

Federal Poverty Guidelines

	Schedule A: Limited Income Classification				Schedule B: High Medical Expenses Classification
Household size	100%	200%	300%	400%	500%
1	11,770	23,540	35,310	47,080	58,850
2	15,930	31,860	47,790	63,720	79,650
3	20,090	40,180	60,270	80,360	100,450
4	24,250	48,500	72,750	97,000	121,250
5	28,410	56,820	85,230	113,640	142,050
6	32,570	65,140	97,710	130,280	162,850
7	36,730	73,460	110,190	146,920	183,650
8	40,890	81,780	122,670	163,560	204,450
	No balance due	$5 balance due each session, not to exceed $10/day.	$10 balance due each session, not to exceed $20/day	$20 balance due each session, not to exceed $40/day.	50% of balance due

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Patient Name: _____ Date: _____

Date of Birth: _____

Guardian (if client under age 18): _____ Relationship: _____

Number of family members living in household: _____

Employer: _____

If unemployed, how long: _____

Other family members' employers: _____

_____

Total Monthly Family Income by source:

Patient: _____

Spouse: _____

Father: _____

Mother: _____

Children working who contribute to family income: _____

Public assistance Benefits: _____

Unemployment Benefits: _____

Social Security Benefits: _____

Workman's Comp: _____

Child Support: _____

Other: _____

TOTAL MONTHLY HOUSEHOLD INCOME: _____

I hereby state that the information I have provided on this application is true and correct. I authorize Calvin College SPAUD department to verify any information I have provided only for the purpose of determining financial assistance.

_____ Date: _____

Signature of person requesting assistance

_____

Printed Name