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|  | Wilkes Medical Center Patient Financial Assistance Policy 03-200-101 | Type: | Tier 3 |
| | | Original Effective Date: | 7/1/13 |
| | | Current (Revised) Date: | 11/1/19 |
| | | Contact: | PFS |
| | | Approval Signature: | Date Approved: |
| Title: Bradley Clark, Executive Vice President & Chief Financial Officer | | | |
| Approval Signature: | | | |
| Title: Kevin High, President, Health System | | | |
| Approval Signature: | | | |
| Title: Todd M. Bankhead, Senior Vice President, Clinical Operations & Patient Financial Services | | | |

General Policy Statement:

- a) Wake Forest Baptist Medical Center (WFBMC) carefully evaluates the patient’s medical needs and the family’s financial status and without regard to race, ethnicity, citizenship, religion, gender, sexual preference, age or disability attempts to be as generous and responsible as possible to all patients requesting or requiring services.
- b) It is the policy of WFBMC to:
 - i) Have a patient Financial Assistance Policy (FAP) that applies to financial assistance eligible patients receiving emergency and medically necessary care provided by WFBMC.
 - ii) Appropriately manage patient expectations regarding financial responsibility for non-emergent services and ensure that such patients have obtained financial clearance prior to receiving such services.
 - iii) Delay and reschedule services for non-emergent patients until financial clearance is obtained.
- c) Scope:
 - i) This policy applies to (1) Wake Forest University Baptist Medical Center and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Wake Forest Baptist Medical Center owns a direct or indirect equity interest greater than 50%; (3) any hospital or healthcare facility in which Wake Forest Baptist Medical Center or an Affiliate either manages or controls the day-to-day operations of the facility (each, a “WFBMC Facility”) (collectively, “WFBMC”); (4) substantially-related entities; and (5) non-hospital providers listed on Addendum E.

ii) Affiliates:

- (1) North Carolina Baptist Hospital
- (2) Lexington Medical Center
- (3) Davie Medical Center
- (4) High Point Medical Center
- (5) Wilkes Medical Center
- (6) Cornerstone Physicians
- (7) Wake Forest Emergency Providers
- (8) Wake Forest University Health Sciences Faculty/Physicians
- (9) Wake Forest University Health Sciences Fellows

d) WFBMC's Patient Financial Assistance Policy consists of the following components:

- i) Financial Assistance Oversight Committee
- ii) Program Budget Process
- iii) Eligibility Criteria
- iv) Method for Applying for Financial Assistance
- v) Basis for Calculating Amounts Charged to Patients
- vi) Financial Assistance Discounts
- vii) Policy Publication Measures to Make Widely Available

e) Responsible Department/Party/Parties:

- i) Policy Owner: EVP & CFO, President, Health System, and SVP- Clinical Operations & Patient Financial Services
- ii) Procedure: Corporate Revenue Cycle, Clinical Operations
- iii) Supervision: Corporate Revenue Cycle
- iv) Implementation: Corporate Revenue Cycle, Clinical Operations
- v) Departments Affected: Corporate Revenue Cycle, Clinical Operations, Managed Care

2) Definitions: For purposes of this Policy, the following terms and definitions apply:

- a) **AGB Percentage:** A percentage of gross charges that a hospital facility uses under 26 C.F.R. §1.501(r)-5(b)(3) to determine the AGB for any emergency and other medically necessary care it provides to a FAP-eligible individual.
- b) **All-Hospital Plain Language Summary:** A written statement that notifies an individual that WFBMC offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP for all WFBMC facilities. See Addendum H
- c) **Amounts Generally Billed (AGB):** Amounts generally billed for emergency and other medically necessary care to individuals who have insurance covering such care determined in accordance with 26 C.F.R. §1.501(r)-5(b).
- d) **Application Period:** The period during which WFBMC must accept and process an application for financial assistance under the FAP. The Application Period begins on the date the care is provided and ends on the 240th day after WFBMC provides the first post-discharge billing statement for the care.

- e) Charge Description Master (CDM): a list of services/procedures, room accommodations, supplies, drugs/biologics, and/or radiopharmaceuticals that may be billed to a patient registered as an inpatient or outpatient on a claim.
- f) Charity Care: Also known as financial assistance.
- g) Elective Services: Services that, in the opinion of the treating physician, may be reasonably delayed to permit the physician scheduling choices without unfavorably affecting any clinical outcome. These services are not covered under this FAP.
- h) Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe acute pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part, or with respect to pregnant woman who is having contractions that there is inadequate time to effect a safe transfer to another hospital before delivery, or that the transfer may pose a threat to the health or safety of the woman or her unborn child (42 U.S.C. §1395dd).
- i) Extraordinary Collection Actions (ECA): Actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's FAP that require a legal or judicial process or involve selling an individual's debt to another party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus or deferring, denying or requiring payment before providing medically necessary care due to prior non-payment.
- j) FAP Eligible Individual: A Responsible Individual eligible for financial assistance under the FAP without regard to whether the individual has applied for financial assistance, i.e.: charity care.
- k) Financial Assistance: Services provided to a patient with no insurance or other third party funding source or Responsible Individual who does not have the financial ability to pay for emergent and medically necessary care. Financial assistance is not provided for elective services. Financial assistance is available to patients who are North Carolina residents who meet family income and eligibility requirements as defined in this policy (Addendum C1). For those patients who apply for financial assistance before receiving medical care, the WFBMC FAP will apply to a single diagnosis, condition or ailment; and all emergency and medically necessary and related subsequent care for a period of three months from the initial date of service for which financial assistance is requested provided the applicant continues to qualify for financial assistance during that period. For those patients who apply for financial assistance after receiving medical care, charity assistance may be offered for those services requested on the charity application and which are within the application period. For care extending beyond 3 months, eligible patients must reapply for financial assistance.
- l) Financial Assistance Oversight Committee (FAOC): Operational committee responsible for establishing, reviewing, implementing and monitoring application of the WFBMC FAP.

- m) Financial Assistance Policy (FAP): The WFBMC Financial Assistance Program for Patient Liability/Self Pay Policy, which includes eligibility criteria for financial assistance, the basis for calculating charges, the method for applying the policy and the measures to publicize the policy.
- n) Financial Clearance: Confirmed arrangement for reimbursement of services based on insurance verification, securing a pre-certification, authorization or referral and patient liability resolution, and/or enrollment in a funding source including but not limited to Medicaid, COBRA, an Exchange plan, or confirmed eligibility for financial assistance.
- o) Gross Charges: The full list price of services and supplies as listed in WFBMC's Charge Description Master (CDM).
- p) Guarantor: A person or entity that agrees to be responsible for his/her debt or performance under a contract or another's debt or performance under a contract, if the other fails to pay or perform.
- q) Hospital Specific Plain Language Summary: A written statement that notifies a Responsible Individual that WFBMC offers financial assistance under the FAP for inpatient and outpatient hospital services provided at the WFBMC location from which the patient received services.
- r) Household: The responsible party and their dependents under 18 years of age.
- s) Household Income: 'The modified adjusted gross income of you, your spouse (if filing jointly), and any dependents who are required to file a tax return. Modified adjusted gross income is the adjusted gross income from tax return plus any excludible foreign earned income and tax-exempt interest received during the taxable year.' Sources of income including but not limited to: Gross salary and wages, self-employment income, interest and dividends, real estate, rentals and leases, social security, alimony, child support, VA pension, settlement income, bonds, tax annuities, unemployment, disability payments, and public assistance.
- t) Medical Indigence: The condition in which individuals are financially unable to access adequate medical care without depriving themselves and their dependents of food, clothing, shelter, and other essentials of living.
- u) Medically Necessary Care: Emergent and urgent non-elective medical care, defined as a services that, in the opinion of a treating physician, are critically and urgently necessary and therefore cannot be safely and reasonably postponed without endangering the health and well-being of the patient.
- v) Non-Elective Services:
 - i) Non-emergent services: Those services other than emergency and medically necessary care. See elective services.
 - ii) Emergent services: Services for a patient whose condition is such that the delay in treatment may result in death or permanent impairment of the individual's health. Typically, patients may present through the Emergency Department, Labor and Delivery or as an emergency in the office.

- w) Notification Period: The period during which WFBMC must notify a Responsible Individual about its FAP in order to have made reasonable efforts to determine whether the Responsible Individual is eligible under the FAP. The Notification Period begins on the first date care is provided to the patient and ends after 120 days after WFBMC provided the individual with the first post-discharge billing statement for the care.
- x) Policy: As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.
- y) Reservation of Right to Seek Reimbursement of Charges from Third Parties: In the event that any first or third party payor is liable for any portion of an Uninsured Patient's bill, WFBMC will seek full reimbursement of all charges incurred by the patient at the Hospital's Usual and Customary Charges from such first or third party payors, including situations governed by the provisions of N.C.G.S. Section 135-48.37, et seq. (or the analogous provisions of the laws of other states as applicable) despite any financial assistance granted pursuant to this policy.
- z) Responsible Individual: An individual person (non-corporate or other entity) that includes the patient, guarantor, and any other individual person legally responsible for paying for medical services provided to patient at WFBMC.
- aa) Service Area: Physical addresses within zip codes bound by or intersecting one of the nineteen North Carolina counties WFBMC has defined as its service area (See Addendum B -Service Area Zip Codes).
- bb) Single Patient Account: A report or description of a single event or visit
- cc) Substantially-Related Entity (SRE): a hospital facility treated as a partnership in which WFBMC or an affiliate owns greater than 35% capital or profits or is a general partner/managing member or in which WFBMC has sufficient control over the hospital operations.
- dd) Tax return filing threshold: the minimum amount of gross income an individual of your age and with your filing status must make to be required to file a tax return.
- ee) Underinsured Patient: A patient whose health insurance plan will not cover a specific service or procedure at any hospital or healthcare facility, or if the patient has exhausted their medical or pharmacy benefit for a specified time period.
- ff) Uninsured Patient: A patient that presents for health care services without any type of health insurance or sponsorship (government or privately-funded).
- gg) Usual and Customary Charges: The rates for services covered under this FAP that are filed annually with the North Carolina Department of Health and Human Services or other applicable state agency/third party. If rates are not required to be filed annually with any state agency by the relevant Hospital, then the Usual and Customary Charges will be the rates for Covered Services as set forth in the Charge Description Master (CDM) or applicable price schedule at the time the Covered Services are rendered.

hh) WFBMC: Wake Forest University Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

3) Policy Guidelines:

a) Control and Reporting Mechanisms

i) Financial Assistance Oversight Committee (FAOC)

(1) It is the Policy of WFBMC to establish and maintain a FAOC for the purpose of establishing, reviewing, implementing, and monitoring application of the WFBMC FAP.

(2) The FAOC will meet no less than annually to review the FAP and be staffed by:

- (a) Vice President Corporate Revenue Cycle
- (b) Vice President Faith and Health Ministries
- (c) Director of Cash Posting & Customer Service
- (d) Assistant Vice President Registration & Financial Clearance
- (e) Director of Outpatient Registration
- (f) Director of Operations -Downtown Health Plaza
- (g) Director of Strategic Planning - Community Health Needs Assessment
- (h) Director of Tax Services
- (i) NCBH Center Community Representative
- (j) Lexington Medical Center Community Representative
- (k) Davie Medical Center Community Representative
- (l) High Point Medical Center Community Representative
- (m) Wilkes Medical Center Community Representative

b) FAP Eligibility Criteria

i. WFBMC will provide financial assistance under this policy in the form of discounts from Gross Charges to Responsible Individuals who meet eligibility criteria as follows:

- (1) The patient must be uninsured or have no other third party funding source or Guarantor.
- (2) Services for which discounts apply must be emergent and medically necessary care. Category 2 and 3 services noted in the Financial Assistance Exceptions Table are examples of services which are generally not discounted under the FAP (Addendum G).
- (3) Patient must be a valid resident within a zip code bounded by or intersecting one of the nineteen counties defined as WFBMC's Service Area. Proof of residence in these counties can be verified according to Addendum C1. Any resident may apply for financial assistance and will be considered without regard to race, ethnicity, gender, sexual orientation, nationality, citizenship status or religious preference.

- (4) If household income is \leq 300% of federal poverty level, patient must first enroll in all other primary payer programs for which patient is eligible and must assign benefits to WFBMC.
 - (5) Enrollment with a primary payer is not required if the policy premium associated with the enrollment will result in Medical Indigence.
 - (6) If household income is $>$ 300% of federal poverty level, patient is not eligible for financial assistance under this FAP. The federal poverty guidelines used to determine financial eligibility is established annually by the U.S. Department of Health and Human Services. For families/households with more than 8 persons, add \$4,320 for each additional person.
- ii. WFBMC reserves the right to reverse any discount adjustments provided under the FAP if WFBMC learns that the information provided during the determination process was false or misleading, or if WFBMC later learns of a funding or payment source that was or becomes available to pay for the relevant medical services.

4) Basis for Calculating Amounts Charged to Patients:

- a) Certain requirements include:
 - i) WFBMC will charge Responsible Individuals meeting FAP eligibility criteria an amount not to exceed Amounts Generally Billed (AGB) to patients covered by Medicare or private health insurance for emergency or other medically necessary care and less than gross charges for all other medical care covered under this policy.
 - ii) WFBMC annually calculates the AGB percentage under the look-back method using claims allowed by private insurers and Medicare fee-for-service over the immediately preceding year. These claims are multiplied by the associated gross charges for the same time period to yield the AGB percentage.
 - iii) WFBMC calculates Amounts Generally Billed for emergency and other medically necessary care provided to FAP eligible patients by multiplying the gross charges for the care provided by the AGB percentage.
 - iv) WFBMC will begin applying the AGB percentage by the 120th day after the 12-month period used to calculate the percentage.

5) Methods for Applying for Financial Assistance:

- a) Prospective Application
 - i) It is the Policy of WFBMC to employ a pre-service financial clearance process prior to approval and delivery of all services other than Emergency Medical Care or screening exams in the hospitals' emergency departments to determine if an Emergency Medical Condition exists.
 - ii) In conjunction with the WFBMC pre-service financial clearance process, WFBMC

pre-registration staff will screen all Responsible Individuals seeking non-emergent services to determine the ability to pay their liability for the requested services (Addendum A). For balances less than \$2,000, a WFBH Financial Questionnaire form can be completed. Responsible individuals may obtain a financial application by contacting WFBMC Financial Counseling at (336) 716-0681, online at <http://www.wakehealth.edu/Financial-Assistance.htm>, or by visiting WFBMC Cashier offices located within each hospital location. Applications can be returned at WFBMC Cashier offices located at within hospital location, by facsimile at (336) 716-4660 or by mailing to Wake Forest Baptist Medical Center, Attn: Financial Counseling, Medical Center Boulevard, Winston-Salem, NC 27157.

b) Retrospective Application

- i) It is the Policy of WFBMC to comply fully with all obligations imposed by the Emergency Medical Treatment and Active Labor Act ("EMTALA") and related regulations including but not limited to providing services without regard to a patient's ability to pay (and without the necessity of any pre-treatment financial screening) the provision of a medical screening exam to any patient who comes to a WFBMC Emergency Department and requests an examination or treatment for a medical condition, including active labor, and the provision of either stabilizing treatment or an appropriate transfer for patients with Emergency Medical Conditions.
- ii) Without regard to a patient's ability to pay and without requirement of a pre-admission financial screening or clearance, WFBH will provide to any patient who requests services for an Emergency Medical Condition the full range of medically necessary services required to stabilize such condition that are routinely provided by WFBMC to other patients. For purposes of this procedure, the definition of "Emergency Medical Conditions" shall be as provided by 42 U.S.C. §1395dd.
- iii) Patients who are provided services pursuant to paragraph (i) and (ii) above, are referred to Customer Service on a post-admission basis for determination of FAP eligibility. Responsible individuals may obtain a financial application by contacting WFBMC Customer Service at (336) 716-3988, online at <http://www.wakehealth.edu/Financial-Assistance.htm>, or by visiting WFBMC Cashier offices located within each hospital location. Applications can be returned at WFBMC Cashier offices located within each hospital location, by facsimile at (336) 713-4808 or by mailing to Wake Forest Baptist Medical Center, Attn: Financial Assistance, 100 Kimel Forest Drive, Winston-Salem, NC 27103.
- iv) In the process of determining FAP eligibility, no actions are to be taken by WFBMC staff to discourage individuals from seeking emergency medical care or otherwise interfere with the provision of emergency medical care.

c) Presumptive Application

- i) It is the Policy of WFBMC to avoid billing and Extraordinary Collections Actions (ECAs) against any individual who would otherwise be FAP eligible.

It is the Policy of WFBMC to use commercially available financial profiling and credit scoring technologies to presumptively screen Responsible Individuals to determine eligibility for WFBMC's financial assistance discounts under its FAP

before ECAs are initiated. Patients determined by these technologies likely to have household income of 300% or less than the FPL will be granted a 100% financial assistance discount.

- ii) If the FAP presumptive eligibility screening process provides reasonable indications that the individual would otherwise be FAP eligible had the individual actually applied for FAP, WFBMC will accept these findings and presumptively award FAP eligibility consistent with the Financial Assistance Discounts under the FAP.

d) Billing and Collections

- i) It is the Policy of WFBMC to not engage in ECAs against a Responsible Individual before making reasonable efforts, as defined under federal regulation, to determine whether the individual is FAP eligible.
- ii) WFBMC reserves the right to employ ECAs against individuals deemed not FAP eligible after reasonable efforts have been made to determine FAP eligibility.
- iii) Refer to WFBMC Policy 03-002-104 Billing and Collections for a complete description of WFBMC patient billing and collections policies. Copies may be obtained at the following web address:
<http://www.wakehealth.edu/Insurance-and-Billing/Billing-Policies-and-Procedures/>

di) Financial Assistance Discounts

- i) It is the Policy of WFBMC that no FAP eligible individual will be charged more for emergency care or other Medically Necessary Care than AGB.
- ii) The financial assistance discount available to FAP-eligible individuals under this FAP will be 100%.
- iii) WFBMC reserves the right to reverse any discount adjustments provided under the FAP if WFBMC learns that that the information provided during the determination process was false or misleading, or if WFBMC later learns of a funding or payment source that was or becomes available to pay for the relevant medical services.

- 1) Please refer to AGB calculations online at:

<http://www.wakehealth.edu/Financial-Assistance.htm>

6) Policy Publication Measures to Make Widely Available:

- a) It is the policy of WFBMC that members of the public may obtain a free written copy (in English, Spanish, and any other language as required under federal law and regulation) of:
 - 1) The WFBMC FAP;
 - 2) FAP Application; and
 - 3) Plain Language Summary of the FAP:

(1) Online at:
<http://www.wakehealth.edu/Insurance-and-Billing/Financial-Assistance-Policy.htm>

(2) Request to:
Financial Assistance
Wake Forest University Baptist Medical Center
100 Kimel Forest Drive
Winston Salem, NC 27103

(3) In public locations of the hospital, including the emergency department, admissions area or the cashier locations at:

1. North Carolina Baptist Hospital (336) 716-0681
2. Lexington Medical Center (336) 716-0681
3. Davie Medical Center (336) 716-0681
4. Wilkes Medical Center (336) (336) 716-0681
5. High Point Medical Center: (336) 878-6000

b) WFBMC will take measures to inform patients and visitors and to make available to the public information about its financial assistance policy by

- 1) Notifying and informing patients about the FAP during intake and discharge by offering a paper copy of the Plain Language Summary of the FAP;
- 2) Placing a conspicuous written notice on the billing statement;
- 3) Placing conspicuous public displays in the hospital with signs and brochures; and
- 4) Providing via information sheets and pamphlets in the emergency department and other local public agencies and non-profits that serve the needs of the communities' low income population.

7) Review/Revision/Implementation:

- a) Review Cycle: This policy shall be reviewed by the EVP & CFO, President of Health System, and SVP of Clinical Operations & Patient Financial Services every three years from the recorded effective date.
- b) Office of Record: After authorization, WFBMC's Legal Department shall house this policy in a policy database and shall be the office of record for this policy

8) Related Policies:

- a. 03-002-007 Appropriation of Baptist Benevolent Funds
- b. 03-200-102 Pre-Service Financial Clearance
- c. 03-200-104 Billing and Collections
- d. 03-200-0006 Patient Liability/Self-Pay Discount Policy

9) Governing Law or Regulations:

- a) Internal Revenue Code, Section 501 (26 U.S.C. § 501) and the regulations thereunder.

10) Attachments:

- a.** Addendum A: Community Benefit/Statement of Income Application
- b.** Addendum A1: WFBH Financial Questionnaire
- c.** Addendum B: Service Area Zip Codes
- d.** Addendum C: North Carolina Residency Declaration
- e.** Addendum D: Amounts Generally Billed Calculation
- f.** Addendum E: Non-hospital facility providers covered under FAP
- g.** Addendum F: Approval Authority
- h.** Addendum G: Exclusions
- i.** Addendum H: Financial Assistance Summary

Patient Financial Assistance Application

FOR INTERNAL USE ONLY

Today's Date: _____ Date Referred: _____
Referred By: _____ Ins: _____
Guarantor #(s): _____ MRN #: _____
Admit/Discharge Date(s): _____
Diagnosis: _____
Procedure: _____
Est. Charges: _____ Est. Pt. Bal.: _____ Est. Length Of Disability: _____

Patient Information:

Patient Name: _____ DOB: _____
Social Security Number: _____ County of Residence: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Home # _____ Work # _____ Cell # _____
Is the patient a U.S. citizen? _____ If no, is the patient a legal resident? _____

Immediate Family Members Living in the Home (Younger than age 18 or a full-time student):

| | | | |
|---------------------|-------------|------------|------------|
| Relationship: _____ | Name: _____ | DOB: _____ | SSN: _____ |
| Relationship: _____ | Name: _____ | DOB: _____ | SSN: _____ |
| Relationship: _____ | Name: _____ | DOB: _____ | SSN: _____ |
| Relationship: _____ | Name: _____ | DOB: _____ | SSN: _____ |
| Relationship: _____ | Name: _____ | DOB: _____ | SSN: _____ |
| Relationship: _____ | Name: _____ | DOB: _____ | SSN: _____ |

Employment Information for Patient/Parent/Legal Guardian/Spouse

Employer: _____ How Long at Current Employer: _____
Employee: _____ Relationship to Patient: _____
Hourly Wage: _____ Hours Worked per Week: _____
How Often Paid: _____ Monthly Gross Pay: _____
Date Last Worked: _____ Income While Out of Work: _____

(If currently unemployed)

Employment Information for Patient/Parent/Legal Guardian/ Spouse

Employer: _____ How Long at Current Employer: _____
Employee: _____ Relationship to Patient: _____
Hourly Wage: _____ Hours Worked per Week: _____
How Often Paid: _____ Monthly Gross Pay: _____
Date Last Worked: _____ Income While Out of Work: _____

Additional Income:

Type: _____ Monthly Amt.: _____ Received by: _____ Date Began: _____
Type: _____ Monthly Amt.: _____ Received by: _____ Date Began: _____

By my signature below, I certify that the above information is an accurate and complete statement of my current financial position, and I give my permission to verify this information. Wake Forest Baptist Health reserves the right to reverse a discount previously recorded if it is determined that a additional third-party payer resources were available or the information provided was false.

Signed by: _____ **Date:** _____

Relationship to Patient: _____

Patient Medical Record #: _____ **Balance:** _____
HAR(s) #: _____

WFBH FINANCIAL QUESTIONNAIRE

I attest that the information provided below is true and complete. I understand that any false or misleading information I have provided may result in ineligibility for any adjustments, discounts or charity care. I also understand that WFBH may check property values, credit history, among additional information, to verify provided information. Any adjustments, discounts or charity care will not be approved if any of the information provided in this document are shown to be inaccurate.

Patient Name – _____ **Telephone Number** _____

First Middle Last

Date of Birth (mm/dd/yyyy)

Home Address (no PO Box):

Street City State Zip

Patient Signature Date

Guarantor Name – Please Print Guarantor Signature

Question One: How many people are in your household? (This includes spouse, children in the home-under the age of 18 and any children-under the age of 18 living outside the home that you are responsible for financially).

_____ Number of people in the household

Question Two: What is your gross income per year? \$ _____
If married, what is your spouse gross income per year? \$ _____

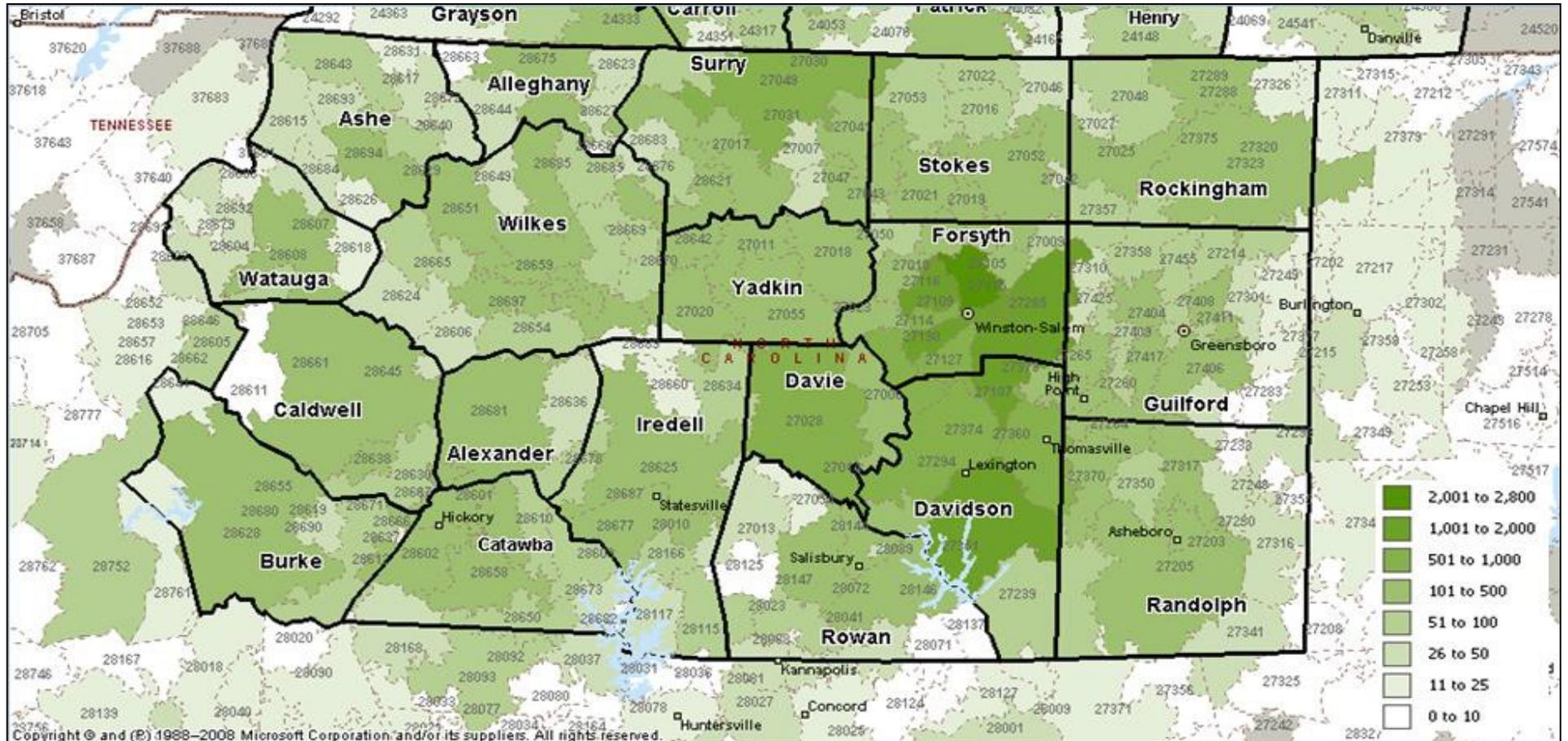
Question Three:
Do you or your spouse own a home? Yes No Do either of you own land? Yes No

Question Four: Have you or the patient applied for Medicaid in the past 3 months? Yes No
If no, please explain _____

Question Five: Are you or the patient receiving SSD or SSI income? Yes No
If yes, please provide date began _____ and amount \$ _____

Office Use Only

Application Taken By: _____ Date: _____



| <u>County</u> | <u>Zip</u> | <u>City</u> | <u>County</u> | <u>Zip</u> | <u>City</u> | <u>County</u> | <u>Zip</u> | <u>City</u> |
|------------------|--------------|--------------------|-----------------|---------------|----------------|-----------------------|---------------|---------------|
| Alexander | 28636 | Hiddenite | Catawba | 28601 | Hickory | Forsyth, cont. | 27104 | Winston Salem |
| | 28678 | Stony Point | | 28602 | Hickory | | 27105 | Winston Salem |
| | 28681 | Taylorsville | | 28603 | Hickory | | 27106 | Winston Salem |
| Alleghany | 28663 | Piney Creek | | 28609 | Catawba | | 27107 | Winston Salem |
| | 28644 | Laurel Springs | | 28610 | Claremont | | 27108 | Winston Salem |
| | 28675 | Sparta | | 28613 | Conover | | 27109 | Winston Salem |
| | 28623 | Ennice | | 28650 | Maiden | | 27110 | Winston Salem |
| | 28627 | Glade Valley | | 28658 | Newton | | 27111 | Winston Salem |
| | 28668 | Roaring Gap | | 28673 | Sherrills Ford | | 27113 | Winston Salem |
| | Ashe | 28643 | | Lansing | 28682 | | Terrell | 27114 |
| 28615 | | Creston | Davidson | 27239 | Denton | 27115 | Winston Salem | |
| 28693 | | Warrensville | | 27292 | Lexington | 27116 | Winston Salem | |
| 28684 | | Todd | | 27293 | Lexington | 27117 | Winston Salem | |
| 28694 | | West Jefferson | | 27294 | Lexington | 27120 | Winston Salem | |
| 28626 | | Fleetwood | | 27295 | Lexington | 27127 | Winston Salem | |
| 28629 | | Glendale Springs | | 29299 | Linwood | 27130 | Winston Salem | |
| 28640 | | Jefferson | | 27351 | Southmont | 27150 | Winston Salem | |
| 28672 | | Scottville | | 27360 | Thomasville | 27152 | Winston Salem | |
| 28617 | | Crumpler | | 27361 | Thomasville | 27155 | Winston Salem | |
| 28631 | Grassy Creek | 27373 | | Wallburg | 27157 | Winston Salem | | |
| Burke | 28612 | Connelly Springs | 27374 | Welcome | 27198 | Winston Salem | | |
| | 28619 | Drexel | Davie | 27006 | Advance | 27199 | Winston Salem | |
| | 28628 | Glen Alpine | | 27014 | Cooleemee | Guilford | 27284 | Kernersville |
| | 28637 | Hildebran | | 27028 | Mocksville | | 27285 | Kernersville |
| | 28641 | Jonas Ridge | Forsyth | 27009 | Belews Creek | 27214 | Browns Summit | |
| | 28647 | Linville Falls | | 27010 | Bethania | 27233 | Climax | |
| | 28655 | Morganton | | 27012 | Clemmons | 27235 | Colfax | |
| | 28666 | Icard | | 27023 | Lewisville | 27249 | Gibsonville | |
| | 28671 | Rutherford College | | 27040 | Pfafftown | 27260 | High Point | |
| | 28680 | Morganton | | 27045 | Rural Hall | 27261 | High Point | |
| 28690 | Valdese | 27050 | | Tobaccoville | 27262 | High Point | | |
| Caldwell | 28611 | Collettsville | | 27051 | Walkertown | 27263 | High Point | |
| | 28630 | Granite Falls | | 27094 | Rural Hall | 27264 | High Point | |
| | 28633 | Lenoir | | 27098 | Rural Hall | 27265 | High Point | |
| | 28638 | Hudson | 27099 | Rural Hall | 27282 | Jamestown | | |
| | 28645 | Lenoir | 27101 | Winston Salem | 27283 | Julian | | |
| | 28661 | Collettsville | 27102 | Winston Salem | 27301 | MC Leansville | | |
| | 28667 | Rhodhiss | 27103 | Winston Salem | 27310 | Oak Ridge | | |

North Carolina

| <u>County</u> | <u>Zip</u> | <u>City</u> |
|-----------------|------------|-----------------|
| Guilford, cont. | 27313 | Pleasant Garden |
| | 27342 | Sedalia |
| | 27357 | Stokesdale |
| | 27358 | Summerfield |
| | 27377 | Whitsett |
| | 27401 | Greensboro |
| | 27402 | Greensboro |
| | 27403 | Greensboro |
| | 27404 | Greensboro |
| | 27405 | Greensboro |
| | 27406 | Greensboro |
| | 27407 | Greensboro |
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| | 27410 | Greensboro |
| | 27411 | Greensboro |
| | 27412 | Greensboro |
| | 27413 | Greensboro |
| | 27415 | Greensboro |
| | 27416 | Greensboro |
| | 27417 | Greensboro |
| | 27419 | Greensboro |
| | 27420 | Greensboro |
| | 27425 | Greensboro |
| | 27427 | Greensboro |
| | 27429 | Greensboro |
| | 27435 | Greensboro |
| | 27438 | Greensboro |
| | 27455 | Greensboro |
| | 27495 | Greensboro |
| | 27497 | Greensboro |
| | 27498 | Greensboro |
| 27499 | Greensboro | |

| <u>County</u> | <u>Zip</u> | <u>City</u> | |
|---------------|------------|----------------|-------------|
| Iredell | 28010 | Barium Springs | |
| | 28115 | Mooresville | |
| | 28117 | Mooresville | |
| | 28123 | Mount Mourne | |
| | 28166 | Troutman | |
| | 28625 | Statesville | |
| | 28634 | Harmony | |
| | 28660 | Olin | |
| | 28677 | Statesville | |
| | 28687 | Statesville | |
| | 28688 | Turnersburg | |
| | 28689 | Union Grove | |
| | 28699 | Scotts | |
| | Randolph | 27203 | Asheboro |
| | | 27204 | Asheboro |
| | | 27205 | Asheboro |
| | | 27230 | Cedar Falls |
| 27248 | | Franklinville | |
| 27298 | | Liberty | |
| 27316 | | Ramseur | |
| 27317 | | Randleman | |
| 27341 | | Seagrove | |
| 27350 | | Sophia | |
| Rockingham | 27355 | Staley | |
| | 27370 | Trinity | |
| | 27025 | Madison | |
| | 27027 | Mayodan | |
| | 27048 | Stoneville | |
| | 27288 | Eden | |
| | 27289 | Eden | |
| | 27320 | Reidsville | |
| | 27323 | Reidsville | |
| | 27326 | Ruffin | |
| 27375 | Wentworth | | |

| <u>County</u> | <u>Zip</u> | <u>City</u> |
|---------------|-------------|----------------|
| Rowan | 27013 | Cleveland |
| | 27054 | Woodleaf |
| | 28023 | China Grove |
| | 28039 | East Spencer |
| | 28041 | Faith |
| | 28071 | Gold Hill |
| | 28072 | Granite Quarry |
| | 28088 | Landis |
| | 28125 | Mount Ulla |
| | 28138 | Rockwell |
| | 28144 | Salisbury |
| | 28145 | Salisbury |
| | 28146 | Salisbury |
| | 28147 | Salisbury |
| | 28159 | Spencer |
| Stokes | 27016 | Danbury |
| | 27019 | Germanton |
| | 27021 | King |
| | 27022 | Lawsonville |
| | 27042 | Pine Hall |
| | 27043 | Pinnacle |
| | 27046 | Sandy Ridge |
| 27052 | Walnut Cove | |

North Carolina

| <u>County</u> | <u>Zip</u> | <u>City</u> |
|----------------|---------------|------------------|
| Surry | 27007 | Ararat |
| | 27017 | Dobson |
| | 27024 | Lowgap |
| | 27030 | Mount Airy |
| | 27031 | White Plains |
| | 27041 | Pilot Mountain |
| | 27047 | Siloam |
| | 27049 | Toast |
| | 27053 | Westfield |
| | 28621 | Elkin |
| Watauga | 28676 | State Road |
| | 28605 | Blowing Rock |
| | 28607 | Boone |
| | 28608 | Boone |
| | 28618 | Deep Gap |
| | 28679 | Sugar Grove |
| | 28691 | Valle Crucis |
| | 28692 | Vilas |
| | 28698 | Zionville |
| | Wilkes | 28606 |
| 28624 | | Ferguson |
| 28635 | | Hays |
| 28649 | | MC Grady |
| 28651 | | Millers Creek |
| 28654 | | Moravian Falls |
| 28656 | | North Wilkesboro |
| 28659 | | North Wilkesboro |
| 28665 | | Purlear |
| 28669 | | Roaring River |
| 28670 | Ronda | |
| 28683 | Thurmond | |
| 28685 | Traphill | |
| 28697 | Wilkesboro | |

| <u>County</u> | <u>Zip</u> | <u>City</u> |
|---------------|------------|--------------|
| Yadkin | 27011 | Boonville |
| | 27018 | East Bend |
| | 27020 | Hamptonville |
| | 27055 | Yadkinville |
| | 28642 | Jonesville |



Addendum C:
North Carolina Residency Declaration

This form is used to verify that, _____, is a

(Applicant(s) Name)

resident of North Carolina and resides at

(Physical Address)

I have personal knowledge that the above-named:

- ___ Intends to live in North Carolina permanently
- ___ Intends to remain in North Carolina for an indefinite period of time
- ___ Entered North Carolina in order to seek employment
- ___ Entered North Carolina with a job commitment

I hereby declare that the above information is true and accurate:

(Signature)

(Relationship)

(Date)

(Address)

(Phone Number)

NC Residency – In order to be considered a North Carolina state resident and to be charity care eligible, an individual must be domiciled in North Carolina with the intention to remain here permanently or for an indefinite period or show that he entered North Carolina to seek employment or with a job commitment. A person is domiciled in North Carolina if North Carolina is their fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

REQUIREMENT: To verify residency, two documents from two of the categories below need to be provided. This means a document or proof must be from two of the little letters below. Example: An item from c and f would be acceptable. Two documents in b are not acceptable. Applicant or the applicant's legal spouse, showing a North Carolina address.

- a) A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles
- b) A current North Carolina rent, lease, or mortgage payment receipt, two bank statements, or current utility bill in the name of the applicant or the applicant's legal spouse, showing a North Carolina address.
- c) A current North Carolina motor vehicle registration in the applicant's name and showing the applicant's current North Carolina address.
- d) A document verifying that the applicant is employed in North Carolina.
- e) One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f) The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
- g) A document showing that the applicant has registered with a public or private employment service in North Carolina.
- h) A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
- i) A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- j) Records from a health department or other health care provider located in North Carolina which shows the applicant's current North Carolina address.
- k) A written declaration from an individual who has a social, family, or economic relationship with the applicant, and who has personal knowledge of the applicant's intent to live in North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
- l) A current North Carolina voter registration card.
- m) A document from the US Department of Veteran's Affairs, US Military or the US Department of Homeland Security verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- n) Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- o) A document issued by the Mexican consular or other foreign consulate verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- p) WFBMC has the authority to determine what is considered satisfactory proof, and retains the right to deny eligibility and/or declare WFBMC that the documents provided are unacceptable if WFBMC believes that the documentation is false or otherwise finds the documentation to be unsatisfactory. WFBMC can require the provision of additional supporting documentation.



Addendum D
Amounts Generally Billed Calculation

Please refer to Addendum D online at: <http://www.wakehealth.edu/Financial-Assistance.htm>

Non-Hospital Providers providing emergency and other urgent and non-elective care that are covered under WFBMC FAP

- Wake Forest University Health Sciences Faculty/Physicians
- Wake Forest University Health Sciences Fellows
- Wake Forest University Baptist Medical Center Community Physicians
- Cornerstone Physicians

Non-Hospital Providers providing emergency and other urgent and non-elective care that are not covered under WFBMC FAP

- None

Required approval levels for authorizing financial assistance application amounts:

| | |
|--------------------|--------------------|
| \$0-\$4,999 | Staff |
| \$5,000-\$14,999 | Assistant Manager |
| \$15,000-\$49,999 | Manager |
| \$50,000-\$114,999 | Director |
| \$115,000 and Over | Assistant VP or VP |

The following table outlines examples of those services which are generally not covered under the FAP as emergent and medically necessary, because they are considered elective in many situations. Services typically covered by Medicaid are indicated with an asterisk (*)

| Category | Definition | Financial Assistance Program | Service Definition |
|-------------------|--|------------------------------|--|
| Category 1 | Emergent and Urgent Non-Elective Care | YES | All Related Services |
| Category 2 | Other Alternative Care/Treatment Usually Available | NO | Cochlear Implant Elective Infant Circumcision LDL apheresis Transplants Bariatric Surgery Deep Brain Stimulation Penile or Testicular Implant Vasectomy reversal Left Ventricular Assist Device Pediatric Hearing aids (ages to 21) Preservation reproductive opportunities after cancer treatment (IVF for PROACT) Services provided to Veterans Administration recipients who refuse transfer to a VA facility |
| Category 3 | Excluded Services | NO | Cosmetic surgery/procedures * Elective obstetric ultrasound * Labor & Delivery * Contact lenses or exams * Hearing Aid Devices * Acupuncture Cataract Surgery (unless medically necessary) * Cardiac Rehab * Outpatient Physical, Occupational and Respiratory Therapies * Weight Management * Genetic Testing * Sleep Studies * Epilepsy Monitoring Unit Podiatry Services * Joint Replacements Synvisc injections Retail Pharmacy * Chronic Pain Services Behavioral Health & Addiction Services * Out-Patient Dialysis * Elective virtual colonoscopy Elective full body MRI Ultrasound Tissue Characterization Scanning Ultrasound Tissue characterization Evaluation Any other procedure which does not meet non elective care criteria as determined by WFBH * |

Financial Assistance Summary

As of September 1, 2018, Wake Forest Baptist Health updated its financial assistance policy. At Wake Forest Baptist, we recognize the financial burden that medical bills may cause for medically necessary services. Our goal is to protect our patients' financial health and health them manage outstanding balances.

▪ **Does Wake Forest Baptist offer any discounts to patients without insurance who have no ability to pay?**

Patients **without** insurance or any other funding source who have a household income equal to or less than 300% of the Federal Poverty Limit (FPL) and live in North Carolina in Wake Forest Baptist's 19-county service area may be eligible for a full (100%) discount for non-elective, inpatient or outpatient, critically necessary medical care for a single, qualified condition or ailment for 3 months from date of approval per Wake Forest Baptist policy and retroactively for 240 days per federal law.

Eligibility is based upon a patient or legally responsible individual's household size, income and assets.

▪ **What kinds of services are considered non-elective?**

Non-elective services are those your physician defines as critically necessary and cannot be postponed without harm to you. Your physician determines whether there is medical urgency for the service.

▪ **What kinds of services are considered elective?**

Elective services that are typically not eligible for a 100% discount are listed below. Some of these services may be eligible as determined by your doctor. Services typically covered by Medicaid are indicated with an asterisk (*).

| Services Typically Not Eligible for 100% Discount | |
|---|--|
| <ul style="list-style-type: none"> ▪ Acupuncture ▪ Bariatric Surgery ▪ Behavioral Health & Addiction Services * ▪ Cardiac Rehab * ▪ Cataract Surgery (unless medically necessary) * ▪ Chronic Pain Services ▪ Cochlear Implant ▪ Contact Lenses or Exams * ▪ Cosmetic Surgery/Procedures * ▪ Deep Brain Stimulation ▪ Elective Full-body MRI ▪ Elective Infant Circumcision ▪ Elective Obstetric Ultrasound * ▪ Elective Virtual Colonoscopy ▪ Epilepsy Monitoring Unit ▪ Genetic Testing * ▪ Hearing Aid Devices * ▪ IVF for PROACT (preserving reproductive opportunities after cancer treatment) ▪ Joint Replacements ▪ Labor & Delivery * | <ul style="list-style-type: none"> ▪ LDL Apheresis ▪ Left Ventricular Assist Device ▪ Out-Patient Dialysis * ▪ Outpatient Physical, Occupational and Respiratory Therapies * ▪ Pediatric Hearing Aids (ages to 21) ▪ Penile or Testicular Implant ▪ Podiatry Services * ▪ Retail Pharmacy * ▪ Sleep Studies * ▪ Synvisc Injections ▪ Transplants ▪ Ultrasound Tissue Characterization Evaluation ▪ Ultrasound Tissue Characterization Scanning ▪ Vasectomy Reversal ▪ Weight Management * <p>Plus:</p> <ul style="list-style-type: none"> ▪ Recipients who refuse transfer to a VA facility ▪ Any other procedure that does not meet non-elective care criteria as determined by Wake Forest Baptist Health * |

▪ **What if I need other critically necessary medical care or my care plan goes beyond three months?**

Patients may reapply for financial assistance.

▪ **What if I am already approved for financial assistance?**

Wake Forest Baptist's new policy has new benefit eligibility periods. All patients, except those referred by the Community Clinic of High Point (who likely will be referred to High Point locations) need to reapply for financial assistance through Wake Forest Baptist.

Note: Any financial assistance approved through UNC's policy from when they owned High Point Regional and UNC Regional Physicians will be honored only at UNC facilities until its expiration date.

▪ **How do I apply/reapply for a full (100%) discount?**

For a 100% discount, Financial Assistance information and applications (English and Spanish) are available on our website at WakeHealth.edu, from Customer Service at (336)-713-4955, at the Admissions desk or the Cashier's Office, or at any clinic registration desk.

▪ **What information do I have to provide to apply for a full (100%) discount?**

Patients must provide a completed and signed financial application, income documentation and proof of residency in Wake Forest Baptist's 19-county service area.

▪ **How will I know if I am eligible for a full (100%) discount?**

After receiving all required information, a Wake Forest Baptist Health representative will process the request, determine eligibility and then contact the patient/legal guardian.

What other financial assistance options are available?

- Any patients **without** insurance who live in the United States **and do not qualify for the 100% discount** may be eligible for a partial discount on some types of service.
 - ❖ **Note:** Patients **with** insurance are not eligible for the full or partial discounts listed above because insurers have already negotiated a discounted rate.
- International patients who live outside the United States may be eligible for a partial (50%) discount on some types of service.
- Patients **with or without** insurance may be eligible for our 0% interest loan program or extended payment plans to help manage out-of-pocket expenses on some types of service.

Information on all discounts, loans or payment plans is available through Financial Counseling at (336)-716-0681.

Can someone explain the financial assistance program and help me apply?

Yes, assistance is available from Financial Counseling at 336-716-0681, and you may meet with a Financial Counselor at the hospital campus you are visiting.