

# Personal Care Ambulance Transport, LLC

## Financial Hardship Policy

### Purpose:

Personal Care Ambulance Transport, LLC hereinafter referred to as (“PCAT”) has established this policy in an order to maintain consistency in assisting uninsured and indigent patients who request a reduction or waiver of certain ambulance charges and/or copayment amounts.

This policy outlines PCAT’s policies and procedures in relationship to the application and approval process for indigent patients. PCAT will take into account the overall financial circumstances of the applicant and apply this policy consistently.

***If approved, PCAT may elect to reduce or waive certain amounts which are due from non-subscribers who can successfully demonstrate that paying ambulance fees would cause significant financial hardship.***

### Financial Hardship Criteria:

PCAT will take into account a range of factors when deciding whether the full payment of the ambulance charges will cause the applicant financial hardship. In making the decision whether to waive the fee, PCAT will compare the amount earned, living expenses, assets and debts. Written verification, when available, may be required to substantiate and verify information contained in the financial hardship application.

PCAT uses a combination of the current year’s federal poverty guidelines to help in determining if an applicant qualifies for a financial hardship waiver.

In applying these guidelines, PCAT will also consider and take into account any other income and expenses including money earned in the entire household. Income and employment status verification may be required; including tax returns; check stubs, etc.

1. Whether payment of the ambulance charges will affect the applicant’s ability to pay for the following living expenses:
  - food and clothes;
  - rent or mortgage payments;
  - any other basic needs; or
  - any special needs (for a serious illness or disability)
2. Whether the applicant owns any assets, such as a car or house. Assets also include:
  - investments;
  - money in the bank;
  - cash on hand for short term expenses; and
  - money designated for special needs.
3. Whether the applicant has any debts.

# **Personal Care Ambulance Transport, LLC**

## **Application Process for Financial Hardship**

An application for a financial hardship waiver of ambulance charges and fees must be made in accordance with **Personal Care Ambulance Transport, LLC**, hereinafter referred to as ("*PCAT*"), policy entitled "**Financial Hardship**".

Applicants can request and complete a **Financial Hardship Application Form**. The form can be obtained by calling (765) 453-6307 or by visiting the PCAT Business office at 216 Corwin Lane, during normal business hours. Forms can also be requested, through submission of a written request, to the above listed address for the PCAT Business Office.

If applying in person, please be prepared to offer written verification of the necessary information about your financial circumstances. If you have difficulty performing any of these tasks, please contact PCAT at (765) 453-6307. Applicants are required to return the completed forms and submit all required documentation to PCAT.

### **Required Information:**

PCAT requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by PCAT administrative staff involved in processing requests for waiver of ambulance charges.

### **Time Frame:**

After an application and verification information is received, PCAT will consider the overall financial situation of the applicant and then render a decision. PCAT has designated the authority to grant or reject requests for financial hardship waivers to the Executive Director. All decisions will be made within 10 working days from the time that PCAT receives and reviews all required information.

Applicants will receive a notification letter outlining whether or not the application has been approved or rejected. If your request for waiver of the charges is rejected, PCAT will provide the applicant with a written summary and explanation of its decision.

PCAT administrative staff will maintain all documentation related to the financial hardship waiver process. This documentation will include all supporting documentation including the waiver request and all documents provided in support of the request.

Verification of ongoing qualification for financial hardship will be conducted at any time the applicant requests a waiver of ambulance charges or other applicable copayment amounts.

In applying these guidelines, PCAT will also consider and take into account all other income and expenses; including money earned in the entire household. Income and employment status verification may be required; including tax returns; check stubs, etc.

## **Personal Care Ambulance Transport, LLC**

### **Application Process for Financial Hardship (con't)**

Income shall be annualized from the date of request based on documentation provided, and upon verbal information provided by the patient or their designee. The annualization process will also take into consideration seasonal employment and temporary increases and/or decreases to income.

Any denial of “financial hardship” discount request will be written and will include instructions for reconsideration. If additional documentation of financial need is received to support charity care, the request will be reviewed and considered per the above guidelines.

***PLEASE COMPLETE ATTACHED APPLICATION AND FINANCIAL STATEMENT.***

***YOUR REQUEST CAN NOT BE PROCESSED UNLESS THE APPLICATION AND FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED!***

# Personal Care Ambulance Transport, LLC

## *Financial Hardship Application*

Please complete the application and attached financial statement. Please return all forms and required documentation (in person or by mail) to Personal Care Ambulance Transport, LLC, 216 Corwin Lane, Kokomo, IN 46902, (telephone 765-453-6307 or by fax to 765-453-6382)

*All information relating to financial hardship requests will be kept confidential.*

Patient Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Telephone #: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_\_

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ Alternate Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Person completing this Application (if different than patient listed above)

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

NUMBER OF FAMILY MEMBERS (LIVING IN HOUSEHOLD): \_\_\_\_\_

PLEASE LIST ALL CURRENT EMPLOYERS:

Check Here if UNEMPLOYED. HOW LONG?: \_\_\_\_\_

Employer 1: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer 1: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_



## Personal Care Ambulance Transport, LLC

### *Financial Hardship Application - Attachment A*

<b>The 2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>		
<b>Persons in family</b>	<b>Poverty guideline</b>	<b>135% Poverty</b>
<b>1</b>	<b>\$11,490</b>	<b>\$15,511.50</b>
<b>2</b>	<b>\$15,510</b>	<b>\$20,938.50</b>
<b>3</b>	<b>\$19,530</b>	<b>\$26,365.50</b>
<b>4</b>	<b>\$23,550</b>	<b>\$31,792.50</b>
<b>5</b>	<b>\$27,570</b>	<b>\$37,219.50</b>
<b>6</b>	<b>\$31,590</b>	<b>\$42,646.50</b>
<b>7</b>	<b>\$35,610</b>	<b>\$48,073.50</b>
<b>8</b>	<b>\$39,630</b>	<b>\$53,500.50</b>
<b>For families with more than 8 persons, add \$4,020 for each additional person.</b>		

SOURCE: [Federal Register: January 24, 2013]