

MEDARVA[®]

HEALTHCARE

Financial Assistance Policy

MEDARVA Healthcare's Surgery Centers and MEDARVA Imaging Center Charitable Care and Financial Assistance Policy

Updated 11.12.2021

MEDARVA Healthcare's mission is to provide the best care to every patient every day. As part of that commitment, MEDARVA Healthcare appropriately serves patients in difficult financial circumstances and offers financial assistance to those who have an established need to receive emergency or medically necessary medical services. MEDARVA Healthcare's policy is to provide emergency care to stabilize patients, regardless of their ability to pay. Non-emergent patients requiring charity care consideration should be reviewed and approved before services are provided. Emergency and medically necessary care will not be denied for non-payment on prior outstanding amounts; however, the organization may require the establishment of a payment plan for non-urgent medically necessary care.

This policy serves to establish and ensure a fair and consistent method for the review and completion of requests for charitable medical care to our patients in need. This policy applies to bills owed to MEDARVA Healthcare Surgery Centers, MEDARVA Imaging Center, and MEDARVA Healthcare Anesthesia including the anesthesiologist and the CRNA but does not include any other providers. To access a list of the providers that operate at MEDARVA Healthcare Surgery Centers please visit <https://www.medarva.com/for-patients/physician-directory>. Radiology Associates of Richmond interpret the studies performed at MEDARVA Imaging Center.

Patients who want to apply for financial assistance or who have been identified as potentially eligible for financial assistance will be informed of the application process either before receiving services if the facts suggest potential eligibility or after the billing and collection process has begun. The application process may be waived or suspended due to medical necessity, including timing and urgency of care. Surgery patients or their representative can obtain a financial assistance application by mail by contacting Patient Account Services at 804-775-4525, from our website <https://www.medarva.com/pay-bill>, or in person from the center located at 8700 Stony Point Parkway Suite 100 Richmond, VA. 23235. Imaging patients or their representative can obtain a financial assistance application by mail by contacting the Imaging Center at 804-924-7010, from our website <https://www.medarva.com/pay-bill>, or in person from the center located at 1630 Wilkes Ridge Parkway, Suite 100 Henrico, VA. 23233.

All patients/guarantors who receive a Financial Statement application must complete and return the application to the same address, along with the following documents that serve as the minimum information necessary to process an application for financial assistance:

- Proof of application for a Medical Assistance Program such as Medicaid, as applicable
- Proof of household income (pay stubs for the past ninety days) Household Income includes anyone living in the household working and over the age of 18 years old.
- A copy of 3 most recent bank statements from all banking or credit union institutions of the household
- A copy of the 2 most recent tax returns, including all schedules of patient, spouse, or any person who claims the patient as a tax dependent

- Social Security Benefits Award Letter
- Full disclosure of claims and/or income from personal injury
- In the event that the above items do not exist, the facility may require external verification confirming the presented facts MEDARVA Healthcare reserves the right to reverse financial assistance adjustments and pursue appropriate reimbursement or collections in circumstances where additional information becomes available or instances where erroneous or fraudulent information had been presented by the applicant.

Financial Assistance will not be denied based on an applicant's failure to provide information or documentation beyond the documents listed above. If an applicant does not have any or all of the listed documents, he or she may call Patient Account Services at 804-775-4525 (for surgery patients) or 804-924-7010 (for imaging patients) and discuss the availability of financial assistance.

In order to expedite and award financial assistance in a timely manner the organization encourages patients to return the application and applicable documents in a reasonable time period. MEDARVA Healthcare reserves the right to deny applications submitted after 90 days from the date that the facility provides the first post-discharge billing statement for care.

The amount that a patient is expected to pay, and the amount of financial assistance offered depends on the patient's income. The Federal Income Poverty Guidelines will be used in determining the amount of the write off and the amount charged to patients, if any, after an adjustment. Amounts charged for emergency and medically necessary medical services to patients eligible for Financial Assistance will not be more than the amount billed to individuals with Medicare covering such care.

Partial and/or full charity care will be granted based on the individual's ability to pay the bill. Eligible individuals include those patients that do or do not have insurance with incomes that are up to 300% of the federal poverty level. Individuals eligible for financial assistance will not be charged more than what would be the expected Medicare reimbursement rate for the service provided. Federal Poverty Guidelines can be found online at <https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

A Business Office Representative will review all returned Financial Assistance Application for completeness. The Business Office Representative will consult the Financial Assistance authorization guidelines and present the Financial Assistance Application to the Director of Patient Financial Services for consideration. The financial application is valid for 30 days from the date of the application.

In the event that the applicant submits an incomplete financial assistance application prior to 90 days from the date that the facility provides the first post-discharge billing statement for care, the applicant will be notified of the missing information and MEDARVA Healthcare will allow the individual 10 business days to provide the missing information prior to the organization to making its final determination. For incomplete applications submitted in excess of 90 days from the date that the facility provides the first post-discharge billing statement for care, MEDARVA Healthcare reserves the right to reject such incomplete application.

MEDARVA Healthcare will make reasonable efforts in notifying patients about its financial assistance policy throughout the billing and collection process. During the initial 90 days from the date that the facility provides

the first post discharge billing statement for care MEDARVA Healthcare will notify the patient about the financial assistance policy.

If the patient has not submitted a financial assistance application within 90 days from the date that the facility provides the first post-discharge billing statement for care, the Director of Financial Services will determine the appropriate next steps for collection on the account, which could include referring the account to an outside collection agency.

However, MEDARVA Healthcare will not engage in any extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy, and in no circumstances, will MEDARVA Healthcare undertake any extraordinary collection actions within 90 days from the date that the facility provides the first post-discharge billing statement for care.

If the financial assistance application has been denied for any reason listed above and there is non-payment of the bill after 90 days, the patient will be notified 30 days in advance (to assignment) and the account will be assigned to either a collection agency or a law firm for further collection action. This could result in collection agency fees including interest, judgments, garnishments of bank accounts and wages, credit reporting, liens, and interrogatories.

In the event that the patient applies for financial assistance after the account has been placed in collections, but before the close of the 90-day application period, and the patient is determined to be eligible for financial assistance, collection efforts will cease on the eligible portion of the bill. The organization or its third-party representative will work towards reversing any adverse impact that the extraordinary collection may have caused. Additionally, any amount paid by the patient in excess of the patients' obligation after the discount will be subsequently refunded.

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HEALTHCARE

8700 Stony Point Parkway, Suite 100, Richmond, VA 23235

1630 Wilkes Ridge Parkway, Suite 100, Henrico, VA 23233

APPLICATION FOR FINANCIAL AID TO COVER MEDICAL SERVICES

(804) 775-4500 (surgery) (804) 924-7010 (imaging)

PATIENT:

Name:	Patient Number:
Address :	

FINANCIAL INFORMATION:

Check one: Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your home?	
Name of Landlord/Mortgage Holder:	
Check one: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Bank Name:
Automobile:	Amount owed: \$

RESPONSIBLE PARTY:

Name:	SSN:
Address:	Phone:
Employment	Phone:
How Long?	

DEPENDENTS (OF RESPONSIBLE PARTY):

Spouse Name:	Phone:
Address:	
Employment:	Phone:

DEPENDENTS OTHER THAN SPOUSE:

Ages:
Employment:
Which of the above do not live with you?

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 1630 Wilkes Ridge Parkway, Suite 100, Henrico, VA 23233

APPLICATION FOR FINANCIAL AID TO COVER MEDICAL SERVICES (continued)

(804) 775-4500 (surgery) (804) 924-7010 (imaging)

INCOME:

YOURS	\$	WK/MO
SPOUSE	\$	WK/MO
DEPENDENT	\$	WK/MO
OTHER	\$	WK/MO

EXPENSES:

RENT/MORTGAGE	\$
UTILITIES	\$
MEDICAL BILLS	\$
FOOD	\$
OTHER	\$

LOANS/CHARGE ACCOUNT:

WHO	WHAT	PAYMENT	BALANCE
1.			
2.			

I understand that the information which I submit is subject to verification by MEDARVA Healthcare. I certify that the above information is true and correct.

**Please attach proof of income
 (Paycheck stub, Social Security
 and/or other benefit statements)**

Signature:
Date:
Witness Signature: