

# Glenbeigh

## FINANCIAL ASSISTANCE APPLICATION

**Does Glenbeigh offer financial assistance for patients meeting the applicable clinical standards for treatment and who do not have insurance coverage for the services needed?**

Yes, Glenbeigh does offer financial assistance discounts from the established rates for patients who do not have insurance coverage for the services needed. Glenbeigh also offers financial assistance to patients with unpaid coinsurance, deductibles and non-covered services if the patient meets the Glenbeigh financial assistance eligibility criteria. The financial assistance is available based upon a financial assistance sliding fee scale. The financial assistance discounts are granted as percentage of the established rates for the primary services or the unpaid balances of coinsurance, deductibles and non-covered services based upon a combination of the patient's household income and household assets.

**What is a financial assistance sliding fee scale?**

At Glenbeigh the financial assistance sliding fee scale allows patients with low-income, with minimal net assets, and without health insurance to access health care at discounted rates or possibly free of charge. The financial assistance discount will vary because of the wide disparity in available resources to pay for the treatment.

Some health care providers are required by federal law to provide services based upon a sliding fee scale. Glenbeigh is not required to provide financial assistance and has voluntarily established a financial assistance sliding fee scale to provide financial assistance and increase access to health care services to those that would otherwise be unable to afford care.

The Glenbeigh financial assistance sliding fee scale has five possible results, depending on the results of the four factors in the means testing formula. A patient is assigned to a financial assistance tier based on the sum of the points assigned for each of the four factors.

The income, equity in primary residence and other net asset factors at Glenbeigh are based on the federal poverty guidelines and are updated as the federal poverty guidelines change.

**What are the current poverty guidelines?**

The 2017 HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia were issued in the January 26, 2017 Federal Register. The guidelines state that an individual with annual income less than \$12,060 is below the poverty guideline.

**What points are assigned based upon the family income?**

Points Assigned	Family Income Floor	Family Income Ceiling
0	\$0	\$24,120

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1	\$24,120	\$32,480
2	\$32,481	\$44,541
3	\$44,542	\$56,601
4	\$56,602	\$68,662
5	\$68,663	\$80,772

Points Assigned	Primary Residence Equity Floor	Primary Residence Equity Ceiling
0	\$0	\$24,120
1	\$24,121	\$47,082
2	\$47,082	\$70,623
3	\$70,623	\$94,164
4	\$94,164	\$117,705
5	\$117,705	\$141,245

Points Assigned	Other Net Assets Floor	Other Net Assets Ceiling
0	\$0	\$5,200
1	\$5,201	\$10,400
2	\$10,401	\$15,600
3	\$15,601	\$20,800
4	\$20,801	\$26,000
5	\$26,601	

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Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Record Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date(s) of Hospital Service: From \_\_\_\_\_ To \_\_\_\_\_

<b>1. Were you an Ohio resident at the time of your hospital service?</b>	Yes ____	No ____
<b>2. Were you an active Medicaid recipient at the time of your hospital service?</b>	Yes ____ If yes, enter Medicaid billing number: _____ and attach a copy of the Medicaid card.	No ____
<b>3. Were you an active recipient of Disability Assistance at the time of your hospital service?</b>	Yes ____ If yes, enter DA billing number: _____ and attach a copy of the DA card.	No ____
<b>4. Did you have health insurance (other than Medicaid) at the time of your hospital service?</b>	Yes ____ If yes, enter please provide: Name of Insurance Co.: _____ Policy #: _____ Group #: _____ and attach a copy of the insurance card.	No ____

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Please list all "family" members (including your self). For purposes of the Glenbeigh financial assistance application, family is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home. Income includes gross (pretax) wages, rental income, unemployment compensation, social security benefits, public assistance, etc.

Name	Age	Relationship to Patient	Income for 3 months prior to hospital service*	Income for 12 months prior to hospital service*
(Patient)		self		
<b>Total persons in family</b>		<b>Total family income</b>		

\*Income verification, if required Glenbeigh, may include pay stubs, w-2s, tax returns or other documents containing income information for the appropriate time period (3 or 12 months prior to hospital service).

### EQUITY IN PRIMARY RESIDENCE

<p style="font-size: small; margin: 0;">Enter the current equity in your primary residence. Equity means current value minus debt. Include the value of a farm that you live on and operate, if applicable. If you do not own your primary residence, enter 0.</p>	<p style="font-size: large; margin: 0;">\$</p>
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### OTHER NET ASSETS

**Enter the total amounts requested for each line for all members of the household identified on the preceding page: (If the answer is zero or you and the members of your household do not own any assets of the type requested, enter 0.)**

Item	Amount
Cash on hand	\$
Current balance of checking accounts and savings accounts.	\$
Current net worth of Investments. Net worth means current value minus debt. Investments include real estate (other than the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, bonds, other securities, Education IRAs, installment and land sale contracts (including mortgages held), commodities, etc. Investment value includes the market value of these investments. Do not include the value of life insurance and retirement plans (pension funds, annuities, non-Education IRAs, Keogh plans, etc.) or the value of prepaid tuition plans. Investment debt means only those debts that are related to the investments.	\$
Current net worth of business. Net worth means current value minus debt. Business value includes the market value of land, buildings machinery, equipment, and inventory. Business debt means only those debts for which the business was used as collateral.	\$
Current net worth of investment property or farm. Net worth means current value minus debt. Don't include a farm that you live on and operate.	\$
<b>Subtotal (sum of the above)</b>	
Total of all credit card debt, student loan balances and all other unsecured debts.	\$
<b>Other net assets (subtotal less total debts)</b>	\$

By my signature below, I certify that everything I have stated on this application and on any attachments is true and correct. I give Glenbeigh permission to verify information about my income by contacting my employer and by obtaining a credit report. I understand the above information must be provided to qualify for financial assistance discount.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Annual Income \_\_\_\_\_  
Net Assets \_\_\_\_\_

Equity in Residence \_\_\_\_\_  
# of Household Members \_\_\_\_\_

Sliding Scale Level \_\_\_\_\_