

GLENBEIGH

SUBJECT: Financial Assistance Policy	PROCEDURE #
DEPARTMENT: Patient Financial Services	RELATED POLICY #
APPROVED BY Alanna Dames, CFO	EFFECTIVE: REVISED: 09/26/2026

Purpose

Since 1981, Glenbeigh has served patients and families suffering from substance abuse related issues. Providing financial assistance is fundamentally important to the non-profit mission, vision and values of Glenbeigh. Payment for services is primarily the responsibility of the individual patient, however those who do not have the means to pay for certain services provided at Glenbeigh facilities may request financial assistance pursuant to this Policy. This Policy applies to all Glenbeigh facilities, including all outpatient centers, as defined below.

Determination of Eligibility

- ◆ Medicaid Exclusion: Individuals enrolled in the Medicaid Program (including Medicaid HMOs) are ineligible.
- ◆ Level of Care: Applies strictly to outpatient care. Inpatient hospital services are excluded.
- ◆ Income Limit: Family (household) income must be at or below 200% of the Federal Poverty Guidelines (FPG).
- ◆ Income Calculation: Household income is calculated using one of two methods:
 1. Total income of all family members for the year prior to the date of service (not the date of application).
 2. Total family income for the three months prior to the date of service, multiplied by four.

Definitions

- ◆ Income: Gross, pre-tax wages; self-employment gross income (less reasonable business deductions); public assistance; rental income; Social Security; unemployment; strike benefits; alimony; child support; military allotments; pensions; and veterans' benefits for all family members.
- ◆ Family: The patient, the patient's spouse (regardless of residence), and all natural or adoptive children under age 18 living with the patient.
- ◆ Bad Debt: The cost of care provided to individuals who are able but unwilling to pay their medical bills.
- ◆ Federal Poverty Guidelines (FPG): The annual poverty measure issued by the U.S. Department of Health and Human Services (HHS).
- ◆ Financial Assistance: Free or discounted care provided to individuals who cannot afford to pay, for which Glenbeigh does not expect payment.

GLENBEIGH

Verification of Income

- ◆ Glenbeigh does not require proof of income but has the right to request additional documentation.
- ◆ A patient who reports zero income must provide a written statement explaining how the patient obtains food, shelter, and other basic support, including who provides that support.
- ◆ Glenbeigh has the right to request the patient apply for Medicaid before applying for free care.
- ◆ Before applying for free care, a patient must use any available funds in a Health Savings Account or Health Flexible Spending Account. OAC 5160-2-07.17(C)(4).

Glenbeigh patient statements include notice of the Financial Assistance Program. Patients may obtain a Financial Assistance application by calling 800-234-1001 or writing to request one; visiting the Admissions Department, Patient Financial Services Department, or any outpatient center; or going online to www.Glenbeigh.com/About/financial-arrangements.

The Financial Counselors will review and approve completed applications. Glenbeigh will notify a patient who does not qualify for a Financial Assistance.

This policy applies to every patient who completes an application for Financial Assistance benefits on or after the policy's effective date, regardless of when the applicant received services. Applications must be submitted within one year after the date of service.

PROCEDURE:

Financial Assistance Application

Glenbeigh generally relies upon the applicant's attestation of household income. Glenbeigh reserves the right to request supporting documentation whenever information is incomplete, inconsistent, or otherwise requires verification.

1. A complete Financial Assistance application must include the patient's or guarantor's signature.
2. A completed Financial Assistance application, which includes the signature of the patient representative securing the information from the responsible party.

If an application cannot be completed during the encounter, staff will give the responsible party a return envelope and ask that the completed information be sent after the responsible party returns home. Upon receipt, staff will review the information using the eligibility criteria defined above.

For outpatient hospital services, which includes Day Partial, IOP and OP Group, the eligibility determination is effective for ninety days from the initial service date. Eligibility for inpatient hospital services is not eligible under this plan.

In the event the patient does not complete an application during the encounter, and as a result of the Financial Assistance communication, patient statements, or result of collection efforts, hospital staff will complete the Financial Assistance application, over the telephone or in-person, on behalf of the responsible party.

TELEPHONE PROCEDURES:

After completing an application with the responsible party by telephone, the hospital staff member will send the completed application to the responsible party for signature. The application is not

GLENBEIGH

complete until it has been signed and returned to Glenbeigh. If the applicant cannot sign, hospital staff will document why a signature could not be obtained.

NOTICE REQUIREMENTS

Attached is the notice, both in English and Spanish, which will be posted at the following locations:

All Hospital Admissions/Registration areas

Patient Financial Services Department.

This posted notice must be readable at a distance of 20 feet and from the visitor's vantage point. All personnel shall make reasonable efforts to communicate the contents to persons they have reason to believe cannot read the notice.

All patients with a self-pay balance will receive Financial Assistance notification on all patient statements.

Policy Administration

The procedures defined in this policy are to be applied to all patients regardless of registration location, time, financial class, race, gender, religion or age.