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Financial Assistance Policy

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Purpose:

1. As part of Elbert Memorial Hospital's mission to provide comprehensive, coordinated health care to patients, EMH offers financial assistance programs to help eligible patients with the cost of emergencies and other medically necessary care. This policy is intended to comply with Section 501(r) of the Internal Revenue Code, including written financial assistance policy requirements, emergency medical care requirements, limitation on charges, and billing and collection reasonable-efforts requirements.

EMH will serve all patients with dignity and will not deny emergency medical care based on race, color, sex, age, national origin, disability, religion, gender identity, sexual orientation or identity, or ability to pay.

Policy:

2. Scope of Policy

This "EMH may use information obtained from sources other than the individual, including public program participation, homelessness indicators, deceased/no estate status, Medicaid or other means-tested program information, or prior EMH FAP determinations, to presumptively determine FAP eligibility. Presumptive eligibility may be granted when available information supports eligibility; patients may submit a complete application if they seek a more generous level of assistance."

Financial Assistance Policy applies to all emergencies and other medically necessary care provided by Elbert Memorial Hospital and by any substantially related entity providing such care within the hospital facility. Emergency medical care will be provided without regard to whether an individual is eligible for assistance under this policy.

For services furnished by outside physicians, laboratories, radiology groups, or other third-party providers, EMH will maintain a current provider list as Appendix A that identifies which providers are covered by this

FAP and which providers are not covered. Each contracted provider may use its own financial assistance guidelines and may bill separately unless specifically listed as covered by this FAP.

3. Financial Assistance Available and Eligibility Criteria

All uninsured and underinsured patients may qualify for financial assistance or charity care when income and other policy requirements are met. Eligibility is based on household income, household size, insurance status, applicable documentation, and any other criteria described in this policy or the application of instructions. Any residency-related criteria will be applied only as permitted by law and will not affect the provision of emergency medical care or EMH's compliance with EMTALA and Section 501(r).

Household Income as Percentage of Federal Poverty Guidelines	Assistance Level	Patient Responsibility Limitation
Less than 138% FPG	100% covered / charity care	No patient responsibility for eligible care
138% to 150% FPG	80% covered	20% of eligible amount, subject to AGB cap
150% to 185% FPG	60% covered	40% of eligible amount, subject to AGB cap
185% to 200% FPG	40% covered	60% of eligible amount, subject to AGB cap
200% to 250% FPG	20% covered	80% of eligible amount, subject to AGB cap

The discount percentages apply to gross charges or the remaining patient's responsibility after third-party payments, as applicable. The amount a FAP-eligible individual is personally responsible for paying for emergency or other medical necessary care will never exceed Amounts Generally Billed (AGB). The discount schedule will be applied first, and the AGB limitation will be applied as a cap when necessary.

4. Services Eligible Under This Policy

- Emergency medical services provided in an Emergency Department setting.
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
- Non-elective services provided in response to life-threatening circumstances in a non-emergency setting.
- Other medically necessary services evaluated on a case-by-case basis consistent with this policy.

5. Emergency Medical Care Policy

EMH will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance under this FAP and regardless of ability to pay.

EMH prohibits actions that would discourage individuals from seeking emergency medical care, including demanding payment before providing a medical screening examination or stabilizing treatment for an emergency medical condition, or permitting collection activities that interfere with the provision of emergency care without discrimination.

EMH will comply with EMTALA and applicable federal and state requirements by providing medical screening examinations, stabilizing treatment, and appropriate transfer or referral when required for individuals with emergency medical conditions.

6. Presumptive Eligibility

EMH may use information obtained from sources other than the individual, including public program participation, homelessness indicators, deceased/no estate status, Medicaid or other means-tested program information, or prior EMH FAP determinations, to presumptively determine FAP eligibility. Presumptive charity care may be granted on an episode basis for uninsured patients when available information supports eligibility.

Examples of presumptive eligibility categories include homelessness, deceased patients with no estate, mentally incapacitated patients with no person able to act on the patient's behalf, or confirmation of income below 138% of the Federal Poverty Guidelines. Patients may submit a complete application if they seek a more generous level of assistance or disagree with the presumptive determination.

7. Method for Applying for Financial Assistance

Patients may apply for financial assistance by completing the EMH Financial Assistance Application and submitting requested documentation in person, by mail, by email, or with assistance from the Financial Counselor. The application may be completed in writing or orally with assistance from EMH staff.

EMH will accept and process applications submitted during the application period, which begins on the date of care is provided and ends no earlier than the 240th day after the first post-discharge billing statement for the care. EMH may accept and process applications submitted after the application period at its discretion.

If an application is incomplete, EMH will provide written notice of the missing information and provide a reasonable opportunity to complete the application. If an incomplete application is received during the application period, EMH will suspend any extraordinary collection of actions while the applicant is given the opportunity to provide missing information.

Completed applications should be returned or mailed to: Elbert Memorial Hospital, 4 Medical Drive, Elberton, GA 30635, Attn: Financial Counselor. Applications may also be emailed to mreynolds@emhcare.net. For questions related to the application or billing, call the Financial Counselor at 706-213-2599 or fax 706-283-8609.

.8. Documentation

EMH may request documentation described in this policy or in the application of instructions.

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Financial assistance will not be denied based on failure to provide information or documentation unless that information or documentation is described in this policy or application of instructions.

- Pay stubs
- Employee W-2 forms
- Federal income tax return
- Statements from employer
- Social Security Award Letter or benefit payment check
- Unemployment compensation letter
- Bank statements
- Other reliable evidence of eligibility, written attestation, public benefit documentation, or other information reasonably supporting financial need when standard documents are unavailable

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Definitions:

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9. Amounts Generally Billed (AGB) and Limitation on Charges

For FAP-eligible individuals, amounts charged for emergencies and other medically necessary care will not exceed Amounts Generally Billed (AGB). EMH determines AGB using the look-back method permitted under 26 CFR §1.501(r)-5, calculated at least annually by dividing allowed claims for the applicable 12-month period by associated gross charges. The current AGB percentage, effective date, and description of the calculation are available free of charge from Patient Financial Services and on the EMH website.

Current AGB percentage: [insert current percentage]. Measurement period: [insert 12-month period]. Effective date: [insert effective date]. Claims included: [insert Medicare fee-for-service alone, Medicare fee-for-service and all private health insurers, or Medicaid combination used].

If an FAP discount would result in an amount greater than AGB, EMH would reduce the patient's responsibility to AGB. If a FAP-eligible individual has paid more than the amount owed after the FAP discount and AGB limitation, EMH will refund the excess amount when required by law or policy, unless the excess amount is below the applicable regulatory threshold.

10. Widely Publicizing the FAP

EMH will widely publicize this FAP by making the FAP, Financial Assistance Application, Plain Language Summary, provider list, current AGB information, and Billing and Collections Policy, if separate, available free of charge on its website, by mail upon request, and in public locations within the facility, including the Emergency Department and registration/admissions areas.

EMH will notify and inform patients and the community through conspicuous signage, billing statement notices, public displays, community outreach, and other measures reasonably calculated to reach

individuals who may need financial assistance. All notices, signs, billing statement messages, and community communications will state that EMH offers financial assistance and will explain how and where to obtain more information, receive application assistance, and obtain free copies of FAP documents.

Billing statements will include a conspicuous notice that financial assistance is available, the telephone number for Patient Financial Services/Financial Counselor, and the direct website address where the FAP, Financial Assistance Application, and Plain Language Summary may be obtained.

EMH will offer a paper copy of the Plain Language Summary of the FAP to patients as part of the intake or discharge process. EMH will maintain conspicuous public displays in the Emergency Department, admissions/registration areas, outpatient registration, and other public locations.

Translated copies of the FAP, Financial Assistance Application, and Plain Language Summary will be provided free of charge for each Limited English Proficiency language group that constitutes the lesser of 1,000 individuals or 5% of the community served or population likely to be affected or encountered. Interpreter services and language assistance are available free of charge. Patients may request language assistance by contacting Patient Financial Services Financial Counselor at 706-213-2599.

If an individual indicates a preference to receive or access financial assistance documents electronically, EMH may provide the documents by email, electronic screen, or by providing the direct website address where the documents are posted.

- Approval is good for 1 year from the date of the approval.

11. Collections and Other Actions Taken in the Event of Nonpayment

Before engaging in any extraordinary collection of action (ECA), EMH will make reasonable efforts to determine whether an individual is FAP-eligible. Reasonable efforts include providing required written notices, a Plain Language Summary, and an opportunity to apply during the application period.

EMH will not initiate ECAs until at least 120 days after the first post-discharge billing statement and at least 30 days after providing written notice identifying the ECA(s) that may be taken. If a FAP application is received during the application period, EMH will suspend ECAs while eligibility is determined and reverse or adjust ECAs as required.

EMH or its authorized collection agencies may take only the collection actions described in this policy or in EMH's separate written Billing and Collections Policy, if applicable. Extraordinary Collection Actions may include reporting adverse information to credit reporting agencies, filing lawsuits, wage garnishment, bank actions, liens, or selling debt, if applicable and permitted by law. EMH will not take any ECA unless permitted by this policy and applicable law.

The Business Office Manager, Patient Financial Services Director, CFO, or designee has final authority to determine that EMH has made reasonable efforts to determine whether an individual is FAP-eligible and may authorize any ECA only after documenting compliance with this policy.

If EMH maintains a separate written Billing and Collections Policy, actions EMH may take in the event of nonpayment are described in that policy. A free copy of the Billing and Collections Policy is available on EMH's website, by mail, and in person at Patient Financial Services, the Emergency Department, and registration/admissions areas.

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12. Confidentiality

EMH respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be sensitive. EMH staff will provide access to financial assistance-related information only to those directly involved with the determination process and will comply with HIPAA requirements for handling protected health information.

13. Governance, Implementation, and Review

This FAP, and any Billing and Collections Policy or Emergency Medical Care Policy incorporated by reference, will be adopted by EMH's authorized governing body or its authorized committee/designed and implemented by the hospital facility.

EMH will implement this policy consistently and will maintain procedures, staff training, website postings, signage, application forms, provider list updates, AGB calculations, and collection of agency instructions necessary to carry out this policy. The policy, provider list, AGB calculation, and public-facing materials should be reviewed at least annually and whenever there is a material operational, regulatory, or contracting change.

Appendix A: Provider List

A current list of providers delivering emergency or other medically necessary care in the hospital facility must be maintained as Appendix A to this policy and on the EMH website. The provider list must specify which providers are covered by this FAP, and which providers are not covered. EMH will review and update the provider list regularly and whenever provider contracting changes occur.

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Provider / Group Name	Service Type	Covered by EMH FAP?	Notes / Separate Billing Information
RAD PARTNERS NORTHSIDE RADIOLOGY ASSOCIATES	Radiology for reading X-Rays	No	Contact phone number 404-662-2438
Southland Consolidate Emergency Services, LLC	Emergency physicians billing	No	Contact phone number 844-251-3342
Piedmont Pathology	Specimen	No	Contact phone number 1-864-226-1555

Appendix B: 501(r) Compliance Crosswalk

501(r) Area	Draft Location / Compliance Language Added
Written FAP and scope	Sections 1 and 2 apply the policy to emergencies, and other medically necessary care,

	including substantially related entities.
Eligibility and assistance levels	Section 3 retains EMH income tiers and adds AGB cap language.
Application process	Section 7 adds 240-day application period, incomplete application notice, and suspension of ECAs while pending.
AGB limitation	Section 9 adds annual look-back method language, current AGB placeholder, free access language, and refund language.
Provider list	Section 2 and Appendix A add a covered/not-covered provider list requirement.
Widely publicized FAP	Section 10 adds website, paper copy, signage, billing notice, PLS, and LEP translation language.
Emergency medical care	Section 5 adds nondiscrimination, no payment demand before screening/stabilization, and EMTALA language.
Billing and collections / ECAs	Section 11 adds reasonable efforts, 120-day and 30-day notice concepts, final authority, and separate policy cross-reference.
Governance and implementation	Section 13 adds authorized body adoption and consistent implementation controls.

To obtain a copy of the financial assistance application, please visit www.emhcare.net.
Paper copies of the application are also available in the following locations:
Emergency Department
Outpatient Registration

Completed Applications should be returned or mailed to:
Elbert Memorial Hospital
4 Medical Drive Elberton, GA 30635
ATTN: Financial Counselor
Or email us at mreynolds@emhcare.net

For questions related to the application or for billing questions, please call:
Financial Counselor at 706-213-2599 or Fax 706-283-8609

Effective Date: 12/5/12, Revised 8/1/17; 1/15/19; 7/1/19; Revised 5/19/2020, 4/5/2021, 5/5/2021, 5/10/2021, 8/16/2023, 1/8/2024, Revised 03/13/2026, revised 09/01/2026

Prepared by: Rhonda Dunn, Business Office Manager

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Approval Signatures

Step Description	Approver	Date
	Rhonda Dunn: Manager	09/2026