**Financial Assistance Policy**

1. **Policy Statement and Provision of Emergency Medical Care**

Erlanger Behavior Health (“Behavioral”) offers financial assistance for medically necessary and emergency medical care to those patients who qualify. Regardless of whether a patient qualifies for financial assistance or has the ability to pay, Erlanger will provide, without discrimination, care for emergency medical conditions as required under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations (or any successor regulation). This policy applies to emergency and medically necessary care (as determined by the Behavioral treating physician) provided by Erlanger Behavioral Health and its employees.

1. **Eligibility**

A patient is evaluated for financial assistance by income and asset standards. When the gross family income (pre-tax) does not exceed 200% of the Federal Poverty Guidelines (“FPG”) as published annually in the Federal Register, a patient is potentially eligible for financial assistance. Current income will be a factor in assessing eligibility for financial assistance, but Behavioral may consider also other elements, such as short term layoff, unemployment, disability or other demonstrated hardship.

An evaluation of available assets is also required for a determination of eligibility. Generally, if assets exist to pay the medical debt, financial assistance could be denied. Individuals may also be required to exhaust all other payment sources prior to application for financial assistance (including the use of funds from third-party payment sources, such as settlements, employer-paid FSA/HSAs, seeking care from in-network providers, and applying for TennCare/Medicaid, Medicare, and private insurance through an employer or the Health Insurance Marketplace). If an applicant fails to enroll or otherwise qualifies for health insurance but chooses not to enroll, or allows insurance premiums to lapse, financial assistance may be denied.

Behavioral may utilize third party sources to conduct asset and credit investigations in evaluating and verifying a patient’s eligibility for financial assistance.

1. **Application, Approval Process and Assistance Provided**

Behavioral, after admission and prior to discharge, discusses with patients their out of pocket costs, which may include copays, deductibles or other self-pay portions. As a part of this cost-review, patient will be screened for financial assistance eligibility and provided an application if desired. The patient will be afforded 240 days after the first post-discharge billing statement to submit the financial assistance application with supporting documentation as identified in the application.

If an individual’s family income is below 200% of the FPG, that individual will be provided 100% financial assistance for the emergency and medically necessary care covered by this policy provided during the period of care for which the financial assistance application was submitted (i.e. care for which the first post-discharge billing statement was provided within the prior 240 days). Because covered care will be written off in full, after exhaustion of all other payment sources, an individual who has been approved for financial assistance will never pay more than the amounts generally billed, whether determined using the look-back method or the prospective Medicare method.

Substantial misrepresentations regarding income or assets may result in the denial of financial assistance and the reversal of financial assistance previously applied. Behavioral reserves the ability to extend financial assistance beyond the scope of this policy, as solely determined by an authorized agent of Behavioral.

1. **Collection Actions**

Behavioral may refer accounts to an “early-out” agency to facilitate with the collection of outstanding accounts. Accounts that remain unpaid after a period of 120 days may be referred to a collection agency. Behavioral does not engage in Extraordinary Collection Actions, as defined by 26 C.F.R. §1.501(r)-6(b). Behavioral may request payment for past due amounts or co-pays/deductibles at the time of service for non-emergent care, but in no event will medically necessary or emergent care be denied or delayed because of a past-due balance.

1. **Contact Information**

If you have questions about this policy or the process for applying for financial assistance, please call 423-498-4650 or contact Patient Financial Services, 804 North Holtzclaw Ave., Chattanooga, TN 37404. Behavioral has financial advocates to assist patients with the application process, and who meet personally with the most-at risk patients to discuss financial options, including financial assistance. To obtain a paper copy of this policy, a plain language summary or the application, please call the number listed above, speak to a financial advocate or visit https://www.erlangerbh.com/admissions/insurance-payment-information/