
J.D. McCarty Center

Department: Admin Services

Policy Number: 6010.22

Effective Date: 06/11/2002

Approved By:

Prepared By: Administrative
Program Officer

*Reviewed Date: 02/07/2018

Victoria Kuestersteffen
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Director

Subject: Financial Assistance

DEPARTMENTAL

POLICY:

J.D. McCarty Center will provide financial assistance for medically necessary rehabilitative services received as an inpatient or outpatient from the hospital in a fair, consistent, respectful and objective manner to indigent or uninsured patients. Financial assistance determination will be consistent among patients/families regardless of sex, race, creed, disability, sexual orientation, national origin or religious preference. Financial assistance discounts are determined on a sliding-fee-scale and are subject to income and assets. The patient's household income must meet the 2018 Federal Poverty Level to qualify. Financial assistance is secondary to all other financial resources available to the patient including commercial insurance, government programs and third-party liability. A patient who is eligible for assistance will not be charged more than the Oklahoma Medicaid reimbursement amount. Additionally, J.D. McCarty Center will collect monies as appropriate, i.e. co-pays, percentages from financial screenings, each time the patient is seen for services.

PROCEDURE:

WHO

DOES WHAT

Admin. Assistant

Monies will be collected from patient's having a commercial insurance co-payment at the time of check-in if they are not covered by Medicaid secondary or have not made an arrangement to pay monthly. Also, prior to

service, monies will be collected from patients who have been approved for financial assistance and are paying a percentage of the charges for each visit.

Financial Admin Program Officer
Administrative Assistant

Will offer financial screening to any parent or guardian requesting services from J.D. McCarty Center upon requests from the family or if the family cannot pay for the service at the time of admission/check in. Service will not be denied based on the patients/family inability to pay.

Parent/Guardian

To apply for financial assistance the child's parent/guardian must meet with the Finance Program Officer and complete the Financial Information Form and provide supporting documents. i.e. W-2's, income tax return, pay roll stubs. Child support, etc. for the past year.

Financial Admin Program Officer

Once the form and supporting documents are received will review the information and determine percentage of payment due from family/guardian and inform them verbally and provide them with a written letter verifying the percentage of assistance within 30 days of receipt of completed form and required documents.

Parent/Guardian

Can appeal a denial of Financial Assistance by providing additional information to the Financial Program Officer within 30 days of receiving the written denial notification.

Finance Program Officer/Director Makes the final financial assistance decision if appealed.

Allowances may be made for extenuating circumstances based on each patient's unique life circumstances and mitigating factors. The amount of assistance provided by the hospital may be more than outlined in the guidelines, but never less.

Finance Admin. Program Officer Monitor accounts for co-pays and financial screening percentages to ensure patients are paying timely.

Finance Admin. Program Officer Prints outstanding patient statements on a monthly basis. Staff will hand deliver statement to parent/guardian of patient and verbally ask if they need assistance with payment if patient is receiving services on-site. If patient is no longer receiving services will mail statement to parent/guardian which contains information for parent to contact hospital to discuss payment options.

J.D. McCarty Center does not utilize collection agencies or extraordinary collection actions. If unable to collect payment may initiate establishment of payment plan in small claims court if total amount owed is over \$500.00.

J.D. McCARTY CENTER FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES
2002 East Robinson Street
NORMAN, OK 73071
FINANCIAL INFORMATION FORM

PATIENT INFORMATION

Patient's Name _____ SS# _____ Birth Date _____

Please answer the following questions yes or no:

Is this child in DHS custody? _____ Is this child in a foster home? _____

Does this child have a current/active Medicaid card? _____ If yes, enclose a copy of the card.

Does this child have any other insurance? _____ If yes, enclose a copy of the ID card(s).

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship _____

Name: _____ Relationship _____

NAME AND AGE OF ALL MEMBERS IN HOME

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

YEARLY INCOME: _____

You must submit documentation of all sources of family income unless the child is in DHS custody or in a foster home. Income sources include the most recent W-2, latest completed income tax return, pay roll stubs, child support etc.

The undersigned hereby certifies that all statements and representations made and documentation submitted are true and correct to the best of the undersigned's knowledge and belief.

SIGNATURE _____
3010/2

DATE _____
Form 300.033

FOR FINANCE OFFICE USE ONLY:

PATIENT NAME: _____

SS#: _____

BD: _____

Yearly Income: _____ # of members in home _____ Sliding Fee Scale Percentage _____

RESPITE: Current Daily Rate _____ x SFS % _____ x # of days

OUTPATIENT : SFS % of therapy visit billed _____ %

Reviewer's Signature: _____
(Financial Admin Programs Administrator and/or Designee)

Date Reviewed: _____