

Financial Assistance Instructions and Plain Language Summary

This is an application for financial assistance (also known as charity care) at Willapa Harbor Hospital. Washington State requires all hospitals to provide financial assistance to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. Federal Poverty guidelines can be found on our website: <http://willapaharborhospital.com>.

No individual qualifying under the Financial Assistance Policy shall be charged more than the Amounts Generally Billed (AGB) for emergency care or other medically necessary services.

Eligibility Criteria

Financial Assistance is secondary to all other financial resources available to the patient, including all other third-party payment sources. The guidelines used as criteria will include but not be limited to the following.

1. Persons eligible for Financial Assistance will be comprised of those deemed to have undue financial hardships, considering income, resources, and obligations as determined by the hospital that make them unable to pay for all or a portion of their medical care. Such considerations will include a review of gross income and family size, and may also include other pertinent factors peculiar to each financial assistance request; such as net worth (including short and long term debts and liabilities) for those above 100% of the current federal poverty guidelines.
2. The full amount of hospital charges will be determined to be the basis for financial Assistance for any patient whose gross family income is at or below 150% of the current federal poverty guidelines.
3. The following adjustment percentages shall be used to determine the amount which shall be written off for patients with income levels between 100% and 300% of the current federal poverty level:
 - 100% -- 200% One hundred percent (100%) Financial Assistance
 - 201% -- 250% Seventy-five percent (75%) Financial Assistance
 - 251% --300% Fifty percent (50%) Financial Assistance

The responsible party's financial obligation which remains after the application of the financial assistance may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party.

4. Applicants residing in a nursing home, long-term care facility, or custodial care facility with a disposable income of less than \$150 per month may qualify for Financial Assistance even if their income exceeds the guideline limit but is used for their principal care.
5. Prima Facie Write-offs: The hospital may choose to grant Financial Assistance based solely on an initial determination. In such cases, the hospital will not complete full verification or documentation of any request.
6. Catastrophic Financial Assistance: The hospital may grant Financial Assistance amounts for patients with family incomes in excess of the stated guidelines or may provide a higher percentage adjustment within an income category when circumstances and/or large balance amounts indicate severe financial hardship or personal loss.
7. Financial assistance may cover necessary or emergency medical treatment received in the hospital inpatient or outpatient setting. Services not qualifying under financial assistance may include transportation costs, elective procedures, or separately billed professional services provided by the hospital's medical staff. Non-residents of Washington State are eligible for Financial Assistance consistent with WAC 246-453-060, which includes emergent, non-scheduled services.

What does financial assistance cover? The hospital financial assistance covers appropriate hospital/clinic based services provided by Willapa Harbor Hospital depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations. Elective services are not covered by the Financial Assistance Program (FAP).

If you have questions or need help completing this application: Please contact our Business Office at 360.875.4503. You may obtain a free copy of the Financial Assistance Policy and Application Form by mail and obtain help for any reason, including disability and language assistance. Spanish version of the FAP and plain language summary are available at the website or in the business office.

In order for your application to be processed, you must:

- Provide information about your family
- Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide information about your family's gross monthly income (income before taxes and deductions)
- Attach additional information if needed
- Sign and date the form

Note: You do not have to provide a Social Security number to apply for financial assistance.

Mail or fax completed application with all documentation to: Willapa Harbor Hospital, P. O. Box 438, South Bend, Washington 98586 or fax to: 360.875.6167. Be sure to keep a copy for yourself.

To submit your completed application in person, or if you have any questions about the process, you may visit us in person at: Business Office, Willapa Harbor Hospital, 800 Alder St, South Bend WA, 98586. Office hours are: Monday – Friday 8:00am to 4:30pm. Phone: 360-875-4503.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give consent for us to make necessary inquiries to confirm financial obligations and information.

Financial Assistance Application

We want to help. Please submit your application promptly!
You may receive bills until we receive your information.

ELECTIVE SERVICES NOT COVERED BY FINANCIAL ASSISTANCE POLICY

In accordance with the Willapa Harbor Hospital Financial Assistance Policy, only certain services are covered for Financial Assistance. The Policy states:

Financial assistance may cover all appropriate hospital-based medical services, received in the hospital inpatient or outpatient/clinic setting. Services not qualifying under financial assistance may include transportation costs, elective procedures, or separately billable professional services provided by the hospital's medical staff. Non-residents of Washington State are eligible for Financial Assistance consistent with Washington Administrative Code 246-453-060, which includes emergent, non-scheduled services.

Services provided by Willapa Harbor Hospital which are not covered under the Financial Assistance Policy include, but are not limited to, the following elective procedures: (not an all-inclusive listing)

Cosmetic Procedures of any type (unless restorative and medically necessary)

Drug Screens (Industrial)

Orthopedic Surgery – Elective- Subject to appropriate hospital based medical services.

Pap and breast exam (always refer to Karen Hilburn or Breast and Cervical Health programs)-ok to cover by policy if the service is not covered by Karen Hilburn or Breast and Cervical)

Transportation Costs

Wart/Mole Removal

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	http://willapaharborhospital.com	
Document ID 12212	Document Status	Official
Department Fiscal Services	Department Manager	Sherman, Cindy
Document Owner Polanco, Kim	Next Review Date	09/24/2024
Original Effective Date 07/09/2019		
Revised [07/09/2019 Rev. 0], [12/19/2019 Rev. 1], [03/16/2022 Rev. 2], [06/02/2022 Rev. 3], [06/03/2022 Rev. 4], [07/27/2022 Rev. 5], [08/09/2022 Rev. 6], [09/25/2023 Rev. 7]		
Reviewed [12/13/2021 Rev. 1]		

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=whh:12212\\$7](https://www.lucidoc.com/cgi/doc-gw.pl?ref=whh:12212$7).