

ENGLEWOOD HOSPITAL FINANCIAL ASSISTANCE POLICY

Plain Language Summary

In accordance with our Financial Assistance Policy (see reference below), all uninsured patients who have not been approved for Medicaid or Charity Care receive financial assistance at EHMC. These patients are billed a percentage of their actual charges at a “discounted rate” that greatly reduces the amount of the bill that the patient will have to pay. An uninsured patient will not be charged more than the discounted rate for emergency or other medically necessary care.

Although an uninsured patient does not need to apply for assistance because all uninsured patients automatically qualify for the discounted rate, we do provide [an application](#) if you choose to complete it. There is no qualifying criteria other than the patient having no insurance and the service provided being emergent or medically necessary. Simply click on the hyperlink above to access the application.

The following policies can be found on the Englewood Hospital and Medical Center website at www.inglewoodhealth.org

Financial Assistance Policy
New Jersey Hospital Care Payment Assistance Program (Charity Care)
Billing and Collections Policy

Copies of the above policies are also available in registration areas and in the Financial Counseling Department of EHMC at 350 Engle St. Englewood, NJ 07631

A free copy of any of the policies mentioned above can also be received by mail. Please call (201) 894-3031 to obtain a copy. Representatives are available Monday through Friday, between 9am and 5pm at (201) 894-3031 to answer questions related to the Financial Assistance Policy.

The above policies are available in the following languages:

English
Spanish
Korean
Chinese
Russian
Japanese
Italian
Tagalog
Arabic
Gujarati
Greek
Portuguese/Portuguese Creole
Serbio-Croatian
Armenian

ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.35
POLICY & PROCEDURE MANUAL - SECTION Administrative & Support Services	SUBJECT: Financial Assistance Policy	DATE: 1/1/2016
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		REVIEWED:

Policy

Englewood Hospital and Medical Center (EHMC) treats all patients, regardless of their ability to pay, for all emergency and medically necessary care. EHMC has adopted and expanded upon billing guidelines set forth in N.J.S.A §26:2H-12.52 “Limitation on Charges for Certain Uninsured Patients” and offers financial assistance to all uninsured patients regardless of their income. **This policy applies to all medically necessary care and emergency medical care services rendered by Englewood Hospital and Medical Center only and does not apply to any professional services associated with such care.**

Procedures

- 1.) All uninsured patients that have not been approved for Medicaid or Charity Care (see New Jersey Hospital Care Payment Assistance Program/Charity Care Policy) are billed a percentage of their gross charges. As required by state law, this reduction equates to 115% of EHMC’s Medicare rates. EHMC uses a look back method by dividing the sum of all Medicare payments by the sum of all Medicare gross charges for the prior twelve month period to determine the amount to be billed. Exceptions to this are where there are pre-determined self pay rates for certain procedures that are not medically necessary such as cosmetic surgery.
- 2.) EHMC in accordance with IRS section 501(r) regulations compares the percentage defined and computed in #1 above, to the “look back” method as detailed in 501(r), utilizing all claims data, and adjusts the patient discount percentage to the greater of the two. Such calculations are done in the aggregate to determine the percentage discount to be applied to all uninsured services, and not on a service-by-service basis, in accordance with 501(r). These calculations are performed annually and put in place no later than 60 days following the calendar year-end.
- 3.) An uninsured patient does not need to apply for financial assistance because all uninsured patient bills are automatically reduced to a percentage of gross charges as described in #1 above. Despite an application not being required, if you would prefer to complete one, it is available via [this link](#). There are no “qualifying” criteria, other than the patient having no insurance and the service provided being emergent or medically necessary.
- 4.) If a patient’s insurance company denies their claim for reasons such as: benefits exhausted, experimental, medical necessity, pre-existing condition, non-covered charges, etc. the patient will be billed at the uninsured rate of percentage of gross charges as described in #1 above.

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- 5.) Refer to New Jersey Hospital Care Payment Assistance Program/Charity Care Policy for Procedures on applying for assistance through the New Jersey Hospital Care Payment Assistance Program/Charity Care at EHMC.
- 6.) Refer to Billing and Collections Policy for EHMC billing and collection procedures.
- 7.) This policy and voluntary application are available in hard copy form in the Financial Counseling Department as well as in all Patient Access areas within the Medical Center and at all EHMC offsite locations. This policy is also available on the Englewood Hospital and Medical Center website at www.inglewoodhealth.org

	APPROVED BY: Warren Geller, President & CEO
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ENGLEWOOD HOSPITAL
FINANCIAL ASSISTANCE APPLICATION

Patient's Name _____

Patient's Address _____

Patient's Date of Birth _____

Does the patient have insurance coverage? (Circle One) Yes No

Guarantor's Name _____

Patient or Guarantor's Signature _____

Date of Application _____

As stated in #3 of Englewood Hospital's Financial Assistance Policy, uninsured patients do not need to apply for financial assistance because all uninsured patient bills are automatically reduced to a percentage of gross charges as described in #1 of the Financial Assistance Policy. There are no qualifying criteria, other than the patient having no insurance and the service provided being emergent or medically necessary.

Paper copies of this application are available in the Financial Counseling Department and all Patient Access areas.